Nourish

Nourishing Conditions for Change

In Conversation with Team London (Anchort Cohort 3)

March 2025

Deana D'Ambrosio is Director of Food and Nutrition Services and **Michelle Stranges** is Process Improvement Specialist at St. Joseph's Health Care London. In February 2025, as part of National Catholic Health Care Week, they spoke about their work. Here are some highlights from that conversation about the Nourish program and environmental sustainability practices at St. Joseph's.

Nourish
Anchor Cohort

Nourish's Anchor Cohort program is grounded in the critical role of collaboration in driving systemic change in health care.

At Nourish, we work with incredible innovators who drive positive change through their vision, initiative, and action. Nourish catalyzes the shift towards better food in health care by fostering collaboration and shared learning among innovators through our Anchor Cohort program.

How has being part of the Nourish Anchor Cohort influenced your work?

Michelle: St Joseph's senior leadership was inspired by our acceptance into the anchor cohort program and added the Nourish project to our strategic plan for reaching out to the community. This gave our Food and Nutrition Services team access to internal resources, including leadership support to minimize and remove barriers for the project, and we worked with the Quality Transformation and Innovation Team and Communications teams and a little bit of funding to help.

Our Food and Nutrition services team started the project by redesigning our menu foundations. These foundations support the menu development and product change decisions. We placed patient voice at the centre and made sustainability one of our pillars, along with clinical needs, operational capacity and budget.

Our team started on this journey to improve food waste and brainstormed more than 80 ideas to reduce waste, which were then mapped out onto an impact-effort grid and categorized into focus areas.

Tell us about your on-site garden.

Michelle: Our dream-big project was to have a greenhouse to really localize our food. We toured greenhouses, considered the budget, and weighed the pros and cons and determined it wasn't operationally feasible. And when the door closed, we made a pivot and found an open door. We reached out to experts in the field and partnered with Urban Roots London, a local non-profit that uses underutilized land in the city for growing produce. With their support, we planted a garden as a pilot project in July 2022. We quickly noticed challenges with the hot, dry months, poor soil quality, and not having a permanent water source. But through the weeds of that first season, we saw potential to tweak and try again. Now, with the addition of an irrigation system and hiring two summer students, we are planning our fourth season.

On-site garden tomato harvest.

Birds-eye view of the on-site garden.

What kind of activities take place in the garden?

Michelle: In Food and Nutrition Services, we focus on growing vegetables and herbs that enhance meals, like adding fresh basil to lasagna, or items like heirloom tomatoes for a fresh garden-to-tray experience. Last year, we grew 1,000 kilograms of produce to serve patients and residents.

The therapeutic recreation team uses the garden as an activity. Patients participate in planting, watering and harvesting, or simply enjoying the calming outdoor space. The team also used some of the harvest for cooking classes. **The garden has provided patients with hope and a sense of purpose.**

You also have a medicine garden - how did that come about?

Michelle: At Finch Family Mental Health Building, there is an Indigenous Mental Health and Wellness program. After the second year of the pilot garden, the Indigenous Wellness Program Director of our Steering Committee expressed an interest in using the garden space to grow traditional medicines. We met with them to see what they are interested in collaborating on and how they envisioned using the space. We agreed that some of the planter boxes would be the best option for the traditional medicines, and they helped with sourcing some of the seeds that were required for the sage and the tobacco. We also tried a few strawberry plants, a fruit that holds deep spiritual significance for Indigenous peoples.

We partnered with Biigajiiskaan to plant traditional medicines - sage tobacco, and sweetgrass - to be used in ceremonies. Last spring, an Oneida Knowledge Keeper provided our garden a name: Onuhkwa:t Tsi’t KahΛtayΛ’, meaning "At the Medicine Garden,” which emphasizes how it's **providing medicine for our body, mind, and spirit and helping the Earth**. We're excited to continue growing that partnership.

Your team has had a lot of success with local procurement and reducing food waste. Can you tell us about these efforts?

Michelle: We partnered with Western University geography students to assess how far food travels to get onto trays and our carbon footprint. The results catalyzed us to focus on specific food categories we could change, and we classified more than 1,000 food items we purchased in a year as local or not local, based on whether they are a product of or produced in Ontario. With baseline local and food mile information, we worked with our procurement team and external Nourish advisors to post a Request for Information (RFI). We learned how to build relationships with local farmers beyond our usual structured and portal-based approach.

For example, we changed from imported lettuce to local, from a grower in Welland [Ontario]. We changed tossed salad to mixed greens and the romaine lettuce to a local product. **We've noticed the difference in quality and reduced waste from spoilage. Patients and residents have noticed the difference and commented about the freshness. They love that it's local.**

By focusing on localizing our procurement and growing a small percentage of our own produce, over the last two years, **we increased our percentage of local purchases to a total of 45 per cent**, from the previous 33 per cent. We've also leveraged our food service software by tagging local items and automating the local purchase calculations through a quick report.

All of this has resulted in food that's fresher and more nutritious, and at the same time supports local growers, cuts waste and reduces our carbon footprint.

Local lettuce (left) compared to imported (right).

Salad bowls made with local lettuce.

What other efforts have helped you decrease food waste?

Michelle: Typically, 50 per cent of hospital food is wasted. We look at what we call the three P's of waste: preparation, pans after services, and plates. One way we were able to reduce plate waste was to implement a room service model for patients to select their preferred meals for the next day. At one site alone, **this reduced our cost of waste per plate at one site by 75 per cent.**

Your team has also made strides in addressing your carbon emissions and taking action on other climate impacts.

Michelle: Our team shifted to compostable or reusable containers with the goal of reducing our waste by five per cent annually. The single-use plastic ban helped nudge manufacturers to supply more eco-friendly options, and we exceeded our goal by reducing single-use plastic by 10 per cent in one year. We borrowed another hospital's practice and worked with our staff to replace our plastic sandwich wedges, covering sandwiches on a plate with a reusable clear dome instead and **eliminating 45,500 wedges annually from landfill. This change also made the sandwiches more visually appealing and accessible for patients.**

We have also begun wearing reusable shoe covers, which are used to decrease falls on the dish room floors. At one site alone we used to spend $16,000 a year on disposable booties; **by changing to reusables, we're saving $14,000 a year.**

And you've signed the Coolfood Pledge!

Michelle: In 2023, St. Joseph's signed the Coolfood Pledge, an initiative of the World Resource Institute, to reduce food-related greenhouse gas emissions by 25% by 2030. The Coolfood team uses our food purchase weights to calculate and summarize annual carbon emissions.

The primary focus is on animal and plant-based proteins. To reduce the climate impact of the foods we serve, our first strategy was working with our chefs to develop eight new plant-based recipes for the menu. They were tested at sampling events where staff voted on their favourite options, and **many were hesitant to try the tofu options, but they were pleasantly surprised**. The top four recipes are now being tested with patients and residents.

Switching from single-use plastic (left) to reusable sandwich serving domes (right) have enabled the St. Joseph's team to prevent 45,500 plastic sandwich wedges from going into the landfill - annually!

How do you track the impacts of all of your efforts?

Deana: **It's important to embed a sustainable focus with clear metrics.** There's an opportunity within the industry, specifically with labeling, to have clearer information on product origins. At our end, it took a lot of time and resources, which included reaching out to our vendors, sales representatives and manufacturers. Now we have the information collected and a systemized approach but we still have items in our database that have unknown product origin or manufacturing location information.

Another opportunity to improve is creating clear criteria for labeling recycling, composting and garbage. It can vary from city to city and sometimes between waste management facilities. If it's simple and streamlined and outlines what we can do at the end of the product's life, there's a greater chance we're going to do it. Having clear symbols on food packaging or QR codes that could be looked up for information would be welcome.

And then finance: as a publicly-funded organization, we've been fortunate to find grant opportunities. We work quite a bit with students, and we've had a lot of support from volunteers for our work, so those are really important things for us.

Did you come up against any pushback for the changes that you've been making? Example switching to usable footsies? If so, how did you gain buy-in and champions for your efforts to make them stick?

Michelle: For the booties example, we did ask for staff champions. We brought in samples of different sizes and then asked who would be interested. We had daily huddles where we presented the idea. We posted an infographic poster in kitchens and included how much we're spending, quantity of booties going straight into the garbage because they use them three times a day.

Information-sharing and adapting the infrastructure were crucial. There were some questions about how to clean the booties, just spray them down with the detergent sanitizer and then hang them to dry. They also have gloves in the dish room, so we have hooks for each of them so that they know which ones are theirs. Working out some of those logistics was a bit of a learning curve, but since we started, we haven't heard any complaints.

In general, our team found that **piloting changes was the best approach** because a lot of our initiatives go across multiple sites. so we are able to work out some of the bugs at one site before we expand it throughout our sites' operations.

The booties wall! Shifting from disposable to reusable shoe covers saves the team $14,000 annually.

What would you say to folks in other health care settings who see food as a powerful lever for patient and planetary health, and have big dreams for what they want to accomplish?

Michelle: As much as we dream of zero waste and 100% local, it's not realistic in our dynamic operations and population. However, by using a systemic approach to change, we've learned the value of piloting our ideas, engaging stakeholders and connecting with our communities inside and outside the hospital.

And with these innovations more embedded, **we continuously consider: how can we do better?**