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# *Nourishing the Future of Food in Health Care*

**A Pan-Canadian Policy Scan 2018**

**Key Findings and Discussion**



# Acknowledgments

The report was researched and written by **Jennifer Reynolds** (Food Secure Canada) with research support from **Japji Anna Bas**, Ph.D (Centre for Studies in Food Security, Ryerson University), review by **Beth Hunter** (McConnell Foundation) and graphic design by **Cheryl Hsu**.

A special thanks and acknowledgement to the many provincial and territorial government officials and Nourish Innovators who offered their time in contributing to and reviewing drafts of the scan.

## About Food Secure Canada

Food Secure Canada is a pan-Canadian alliance of organizations and individuals working together to advance food security and food sovereignty through three interlocking goals: zero hunger, healthy and safe food, and sustainable food systems.

[www.foodsecurecanada.org](http://www.foodsecurecanada.org)

## About McConnell Foundation

The McConnell Foundation is a private Canadian foundation that develops and applies innovative approaches to social, cultural, economic and environmental challenges. We do so through granting and investing, capacity building, convening, and co-creation with grantees, partners and the public.

[www.mcconnellfoundation.ca](http://www.mcconnellfoundation.ca)

## About Nourish: The Future of Food in Health Care

Nourish is an initiative working at the intersection of food and healthcare. Over the past two years, Nourish Innovators and their organizations have been working to improve patient experience, organizational culture and community through food.

[www.nourishhealthcare.ca](http://www.nourishhealthcare.ca)



# *Introduction*

# Introduction

**The health of Canadians, and that of our health care system, is being significantly affected by diet-related chronic disease, food insecurity, antibiotic resistance and climate change. An important factor in all of these pressures is our current food system.**

Nourish: The Future of Food in Health Care aims to build a future where the impact of food on health is understood and valued. This includes taking a broader look at food that can be more healthy, delicious, local, sustainable and cultural in health care settings. It is grounded in the work of 26 innovators in hospitals, health centres and long-term care facilities across Canada who are changing the role of food in health care. Nourish also supports collaborative projects, cross-sectoral convening and policy innovation. It is a project led by the McConnell Foundation with key partners including HealthcareCAN, Healthcare Without Harm, Food Secure Canada and the Canadian Coalition for Green Healthcare.

HealthCareCAN's Issue Brief *The Role of Food in Hospitals* (Murphy, 2017) outlines some of the key issues with hospital food including the need to improve the patient food experience, address malnutrition, provide food that appeals to people of diverse cultural backgrounds and increase the nutritional value of retail food options. Similarly in long-term care settings, older adults are often nutritionally vulnerable. *Making the Most of Mealtimes* (Keller, 2016) and *Exercising Choice in Long-Term Residential Care* (Armstrong & Daly, 2017) identify the need to support better food intake by improving menus and the taste of food, creating more welcoming, comfortable eating spaces and providing person-centred techniques and choice. Many other actors see the broad opportunities for

leveraging the purchasing power of public institutions towards local, sustainable, resilient food systems.

Nourish's work so far has brought to light many opportunities for reimagining food in health care to positively affect patient experience, institutional culture and community well-being. However, there are many challenges in moving forward that stem from the policies, regulations and practices that govern food in health care — in both food and health care systems.

Health care facilities in Canada have a tremendous opportunity through demonstrated leadership and “whole of hospital” approaches to food that can generate health, economic and environmental impacts through the \$4 billion spent annually on food services (“Nourish Infographic”, 2018). Public policies, within governments and facilities, are a powerful way to drive and support these many cross-cutting impacts on health, agriculture and equity.

The McConnell Foundation commissioned Food Secure Canada to conduct a pan-Canadian scan and create an inventory of existing health, agriculture and procurement policies that guide food in health care settings in order to better identify opportunities for policy innovation that can help shift hospitals and other care centres toward more healthy, delicious, local, sustainable and cultural food. This report aims to highlight policy gaps and opportunities before us.

# Understanding the pan-Canadian policy landscape of food in health care settings

With a diversity of cultures, food systems, procurement and health care frameworks across Canada, food in health care settings is guided by many different policies and practices. The scan focuses on provincial/territorial policies, as health care service delivery falls under this jurisdiction. Agricultural and procurement policies at the provincial/territorial level were also reviewed as they impact food available to health care institutions and how they purchase food. With a groundswell of innovations that are bringing more local, healthy, sustainable and cultural food into health care settings, promising actions at a regional level have also been included where identified.

The provincial/territorial policy scan was framed around the following questions:

## Food and nutrition strategies:

- **Do food and nutrition strategies reference institutional food?**

## Food in health care settings

- **Are there food service standards for both hospitals and long-term care?**
- **How are healthy food environments promoted?**
- **How is the patient food experience assessed?**
- **Is the serving of Indigenous country/traditional foods enabled?**

## Local food

- **How is local food defined and promoted?**
- **Are there initiatives that support institutional procurement of local food?**

## Procurement

- **Are there values-based procurement policies which encourage generating triple bottom-line sustainability impacts (social, economic and environmental)?**
- **How is food purchasing structured for health care facilities?**

This report provides an analysis of the policy landscape and identifies where early work is underway to enable stronger connections between the patient food experience, cultural food that is healthy, delicious, local and sustainable, and more values-based procurement.

# Scan approach

The scan was conducted by researching publicly available data (available as of March 31, 2019), gathering input from Nourish innovators and conducting key informant interviews to address gaps. An early draft of the scan findings was presented to senior officials from provincial, territorial and Indigenous governments at a policy workshop in September 2018, many of whom provided detailed feedback. The scan also builds upon other recent research, for example, *Food-EPI Canada 2017* (Vanderlee, Goorang, Karbasy, Schermel, L'Abbé, 2017), *Dietitians in Long-Term Care: A Pan-Canadian Environmental Scan* (Dietitians of Canada, 2018), *Buying Local: Tools for Forward Thinking Institutions* (Duffy & Pringle, 2013), *Mapping the Food Policy Landscape in Canada* (Martorell, 2017), *A Guide to Social Procurement* (LePage, Fiorante, Hanbury, 2018), with the objective of compiling into a single document policies and analyses that otherwise tend to remain siloed in health, agriculture or procurement.

Due to limited resources, the scan was not exhaustive and may not have captured all emergent activities. For example, it did not include a number of additional policy areas that affect efforts to encourage more local, sustainable, cultural food procurement, such as food safety. Analysis focused on comparing qualitative aspects of policies and does not provide an assessment of depth or impact of existing policies.

As the work of Nourish progresses, this scan will be used as a living document and updated regularly. Feedback and suggestions for edits are welcome and can be emailed to [institutions@foodsecurecanada.org](mailto:institutions@foodsecurecanada.org).

# How to read this report

**Section 1: Key Findings** presents the **key findings** of the policy scan and **areas for policy innovation**. **Five leverage points**, which are targeted changes in one area that can produce larger shifts across systems, are offered as ways to enhance the economic, health, social and environmental benefits of bringing food into a more central role for health and healing.

**Section 2: Discussion of Scan Findings** maps out the pan-Canadian policy landscape with a detailed discussion for each thematic area: food and nutrition strategies; food in health care settings; local food; and values-based procurement.

The **Appendices** and the **References** for this scan can be found in the full reports available in English and French online. The appendices provide an inventory of policies which were compiled for each province and territory.

- **Full English report:** <http://bit.ly/fhpolicy>
- **Full French report:** <http://bit.ly/fhpolicyfr>



**The scan findings illustrate a wide diversity of policies and practices that currently guide food choices in health care settings. Presented in this section are the key findings of policies in provinces and territories in each thematic area, along with opportunities for policy innovation that could enable Canadian health care facilities to generate more value through food.**

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## ***Key Findings***



# Key findings



## Food and nutrition strategies

**Improving institutional food has been identified by many provinces as an important way to encourage healthy eating.**

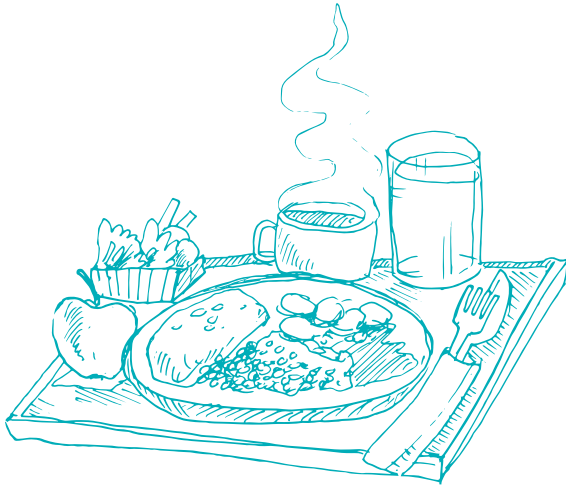
Almost all provinces and territories have food and nutrition strategies to support the critical connection between a nutritious diet and health. Many emphasize the importance of creating healthy eating environments in public institutions.

**Policies identified in:** Alberta, British Columbia, New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island, and Quebec

### ***Opportunity for policy innovation***

**Ensure all health care settings across Canada are healthy food environments and explore how food literacy and food access programming could further support healthy eating in the population.**

The new *Canada Food Guide* offers a powerful opportunity to look more closely at food in health care as it has the potential to influence the diets of the thousands of Canadians who are receiving care, working in or visiting healthcare facilities every day. Specialized diets are still needed for many patients and residents in healthcare facilities, but the broader population touched by the healthcare sector can benefit from healthier eating environments and more opportunities for developing food skills and improved food access.



## Food in health care settings

### Hospital food service standards

#### **A gap exists around hospital food service standards.**

In notable contrast to long-term care settings, the frameworks outlining the provision of acute hospital care do not include standards for food and nutrition, apart from Nunavut's Hospital Standard Regulations (Nu. Reg. 1990 c T-g) which outlines the equipment and facilities required for the storage, preparation and serving of food. Menus in hospitals are typically based on *Canada's Food Guide*, with additional therapeutic diets developed to meet clinical needs.

**Policies identified in:** Nunavut

#### **Several provinces have initiatives aimed at improving food in hospitals.**

Alberta Health Services has a suite of guidelines focusing on improving the patient meal experience. British Columbia has a sodium

reduction target for patient and resident meals. Quebec created a framework to encourage facilities to adopt policies to improve food quality for all users—clients, staff and visitors. And the Nova Scotia Health Authority is implementing a province-wide standardized room service model which enables patients to choose what, and when, to eat.

**Policies identified in:** Alberta, British Columbia, Nova Scotia, Quebec

### ***Opportunity for policy innovation***

#### **Developing comprehensive hospital food service standards to address malnutrition and define nourishing food.**

As there is currently a gap in hospital food service standards this is a promising area for policy innovation. Research by the Canadian Malnutrition Task Force (CMTF) has identified numerous barriers to patients' eating in hospitals such as difficulties opening food packaging, a lack of protected meal times and limited choice being offered. The resulting malnourishment of many patients is linked to longer hospital stays, costing an estimated \$2 billion each year (Curtis, 2017) and also incurs costs for dealing with plate waste. Effectively addressing these issues will require going beyond simply improving the hospital tray—it will require taking “whole of hospital” approaches, which encourage clinical and food services to work better together to see food as integral to both health and healing.

Hospital food service standards could be developed to support whole of hospital approaches in order to address malnutrition and to define nourishing food, including criteria such as nutrition (health benefits), comfort (emotional and mental benefits), cultural safety (spiritual and cultural well-being), and sustainability (economic, social and environmental value).

## Long-term care food service standards

**All provinces have regulatory guidance, to varying degrees, for food and nutrition in long-term care settings.**

Regulations vary across provinces in terms of menu planning, food preparation, food availability, participation by persons in care, etc. Ontario's *Long-term Care Homes Act* (2007) and Regulation 79/10 appear to be the most comprehensive in Canada.

**Policies identified in:** Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan

### ***Opportunity for policy innovation***

**Support better food intake by residents in long-term care by improving menus and the taste of food, creating more welcoming, comfortable eating spaces and providing person-centred techniques and choice.**

Recent research reports, *Making the Most of Mealtimes* (Keller, 2016) and *Exercising Choice in Long-Term Residential Care* (Armstrong & Daly, 2017), identify the need to support better food intake by residents in long-term care by improving menus and the taste of food, creating more welcoming, comfortable eating spaces and providing person-centred techniques and choice as this influences how much residents eat and enjoy their meals. As many provinces already have established long-term care food service standards there is a strong opportunity to further develop them in order to contribute significantly to residents' health and well-being.

## Healthy food environments

**A growing number of provinces support creating healthier food environments in health care settings to more fully align with population health goals.**

Only a decade ago, in 2009, Capital Health in Nova Scotia became the first health authority in Canada to establish a comprehensive healthy eating strategy and policy. Now several provinces also have policies to support healthier food environments through improving vending and cafeteria offerings.

**Policies identified in:** Alberta, British Columbia, New Brunswick, Northwest Territories, Nova Scotia, Quebec

### ***Opportunity for policy innovation***

**Health care institutions have an important role to play in encouraging population wide shifts towards healthy eating.**

The availability of fast food options and sugary drinks in hospital cafeterias, retail franchises and vending machines often do not model healthy eating. Existing policies at the facility, regional and provincial/territorial level provide a foundation for adaptation and scaling out toward the goal of creating healthier hospital food environments for patients (both in-hospital and ambulatory), staff, families and communities.

## Patient food experience

### **Several provinces use standardized tools to assess patient satisfaction with food.**

Many provinces have recently adopted the use of the *Canadian Patient Experience Survey for Inpatient Care (CPES-IC)* to assess and benchmark the patient experience across the continuum of care, but questions related to food are not included. Three provinces currently use standardized patient food survey tools: Alberta Health Services, the Nova Scotia Health Authority and the Saskatchewan Health Quality Council. In other provinces/territories, facilities typically conduct their own patient satisfaction surveys and/or plate waste audits when new menu items are introduced. An Ontario research project *Putting Quality Food on the Tray* is developing and testing a patient food satisfaction and experience tool, along with Nourish innovators who are testing it in other provinces.

**Policies identified in:** Alberta, Nova Scotia, Saskatchewan

### ***Opportunity for policy innovation***

#### **Prioritizing a more nourishing meal experience can help enhance recovery and inspire healthier eating.**

As patient-centred care continues to be at the heart of improving health care service delivery, exploring in greater depth the role that food plays in the patient experience, healing and wellness is an important area for innovation. Learning from better evaluation tools and taking whole-of-hospital approaches that encourage food services and clinical teams to work together can help to bring food into a more central role for health and healing for patients.

## Country/traditional foods

### **Country/traditional foods are often not available in health care settings, but several facilities and jurisdictions are leading the way.**

Food security and nutrition are important issues for First Nations, Inuit and Métis peoples. Access to country/traditional foods and the sacred connection to the land is a vital part of health and well-being. However, in health care settings, these foods are rarely available, often due to barriers related to food safety traceability and other regulations. The Government of Nunavut and the Nunavut Food Security Coalition have partnered on a guide encouraging government-funded facilities and community programs to offer more country foods. Some facilities have established country/traditional food programs using donated wild food, with two notable examples being Meno Ya Win Health Centre in Ontario and Whitehorse General Hospital in the Yukon. Regional efforts and pilot programs in facilities are also underway in British Columbia, Quebec, and NWT.

**Policies and regional efforts identified in:** British Columbia, Northwest Territories, Nunavut, Ontario, Quebec, Saskatchewan, Yukon

### ***Opportunity for policy innovation***

#### **Working to improve access to country/traditional foods in health care settings is a pathway toward decolonization and reconciliation with Indigenous peoples.**

There are a number of promising practices that are improving access to country/traditional foods in health care settings including: health care legislation that enables the sourcing of uninspected country foods, piloting distribution systems and new menus, and education and training about food safety. Learning from and scaling these initiatives offers great potential along with the broad recognition that collaborative approaches will be needed that engage stakeholders at all levels—from national, provincial/territorial, regional and Indigenous governments—to establish new policy frameworks for country/traditional food systems across Canada.



## Promoting local food

### Defining and promoting local food

#### **There is variability in how local food is defined across Canada.**

To implement local food procurement and track the results, “local” food needs to be defined. *The Local Food Claims Interim Policy of the Canadian Food Inspection Agency* (n.d.) offers a definition related to food being produced within a province/territory, or within 40 km of its border. Several provinces have definitions that incorporate different aspects related to processing: Alberta’s definition includes agricultural products processed in the province; “Manitoba food” means food that is grown, raised, produced or processed by individuals or businesses in Manitoba. Local food designations for processed foods in British Columbia, Quebec and Ontario include both criteria for a minimum percentage of food ingredients to be provincially produced, and that processing also occur within the province.

**Policies identified in:** Alberta, British Columbia, Manitoba, Ontario, Quebec

#### **Almost all provinces/territories promote local food.**

Almost all provinces and territories have legislation and/or programs that promote local food. Quebec has also made encouraging the growth of the sustainable food sector a priority.

**Policies identified in:** Alberta, British Columbia, Manitoba, New Brunswick, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Yukon

### **Opportunity for policy innovation**

#### **Working towards shared criteria along value chains to identify local and sustainable foods for institutional purchasers.**

When institutions are looking to source more local food, it is important for them to start by clearly defining their goals and understanding existing definitions in their jurisdiction, and those used by the value chain. From here, work towards shared definitions will support innovations needed, for example in improving traceability of local food in distributor ordering systems. Similarly, sourcing more sustainably produced foods will require support for institutions in identifying various aspects of sustainable production. Some can be identified currently through third-party certifications and label claims but there are other aspects of sustainability that currently do not fit easily on a label such as regenerative use of natural resources (soil, water, nutrients), promoting biodiversity, and ensuring fair working conditions for food producers and workers.

## Supporting institutional local food procurement

**Institutional local food procurement is a growing strategic priority.**

British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Ontario, Quebec, and Yukon all identify institutional local food procurement as a strategic priority in supporting their agricultural sectors. As previously mentioned, Quebec includes sustainable food procurement and sector growth as a further priority with specific targets for organic food production. Common strategies include marketing brands and programs for producers to develop value chains for better access to the institutional market.

**Policies identified in:** British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Quebec, Yukon

### ***Opportunity for policy innovation***

**Learning from and scaling the growing number of innovations**

With a groundswell of innovations, both in facilities and policy, there are tremendous opportunities for sharing learning and working towards scaling. To inform enabling policies, it is essential to consider the diversity of different facility sizes, existing infrastructures for cooking, and management of food service operations (self-operated vs. corporate caterers) along with an understanding of the complexities of food value chains. Facilitating peer learning on innovations and promising practices between provinces and territories can support efficient and adapted scaling, for example a promising practice found in the scan of menu recognition programs to help patients, visitors and staff better identify local foods.

**Currently B.C. is the only province which has set an aspirational local procurement target. Feed B.C.'s target is 30% local food purchasing by health care institutions.**

Feed B.C.'s first initiative is currently underway with the Interior Health Authority to bring more local food into hospitals and long-term care facilities. The Nova Scotia Health Authority tracks local food spending to enable it to report the percentage of overall local food purchased and Ontario recently announced the local food public sector organization goal under the *Local Food Act* (2013) including reporting progress in its annual *Local Food Report*.

**Policies identified in:** British Columbia, Nova Scotia, Ontario

### ***Opportunity for policy innovation***

**Tracking progress toward local sustainable food purchasing goals incentivizes health care institutions to build stronger, mutually beneficial relationships with local producers, processors, and distributors.**

The food service sector in health care spends \$4 billion every year which represents significant purchasing power. As public institutions they are accountable to stakeholders and taxpayers for seeking to maximize the value generated from the use of public funds. Nourish innovator experiences have demonstrated that when healthcare facilities start to track their local and sustainable food spend it helps them to change their purchasing practices and menus because they can measure progress and impact. Implementing policies to encourage health care facilities to develop baselines of their existing spending on local food is a powerful first step.



## Procurement

### Values-based procurement

**A growing number of provinces/territories are rethinking procurement practices in order to obtain better overall value for public dollars.**

British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia, and Ontario have identified leveraging procurement as a strategic opportunity to make positive social, sustainability and economic impact. The Northwest Territories, Nunavut, and Yukon target greater procurement from businesses in their regions. Manitoba is unique in its policies to promote procurement from Indigenous businesses. Policies in Quebec and Nova Scotia enable public sector purchasers to source more socially and environmentally sustainable products through the inclusion of sustainability criteria in bid evaluation.

**Policies identified in:** British Columbia, Manitoba, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Quebec, Yukon

### *Opportunity for policy innovation*

**Innovative values-based procurement tools and strategies are needed specifically to facilitate health care food purchasing from local, sustainable food producers and leveraging their contracts for food service management.**

The development of tools and criteria for more values-based procurement of local, sustainable, healthy, cultural food is needed for the offering and evaluation of bids that can generate best value for public institutions by considering not only price but other impacts.

## Health care food purchasing

**Group Purchasing Organizations pool buying power for health care institutions.**

Hospitals and long-term care facilities typically participate in a Group Purchasing Organization (GPO) to pool buying power for all types of products, from medical supplies to equipment to food. There is one regional GPO in Ontario, MEALSource, which has over 30 health care facility members, and there are three GPOs in Quebec - Sigma Santé, GACEQ, GAQOest. The rest of health care facility food purchasing volume flows through national GPO HealthPro, corporate caterers and distributors.

### *Opportunity for policy innovation*

**Regional Group Purchasing Organizations (for example, in Ontario and Quebec) are leading efforts to expand local, sustainable food purchasing.**

Facilities and regional GPO's are demonstrating how health care purchasing is helping to develop markets and value chains for local, sustainable food producers and contributing to more resilient rural economies which could be scaled across Canada.

# Pan-Canadian Policy Landscape

## Food and Nutrition Strategies

**A** Institutional food is identified as a way to support healthy eating

## Food in Health Care Settings

**B** Hospital food service standards/initiatives

**C** Long-term care food service standards

**D** Healthy Food Environments

**E** Patient Food Experience

**F** Indigenous country/traditional food

## Local Food

**G** Local Food Definition

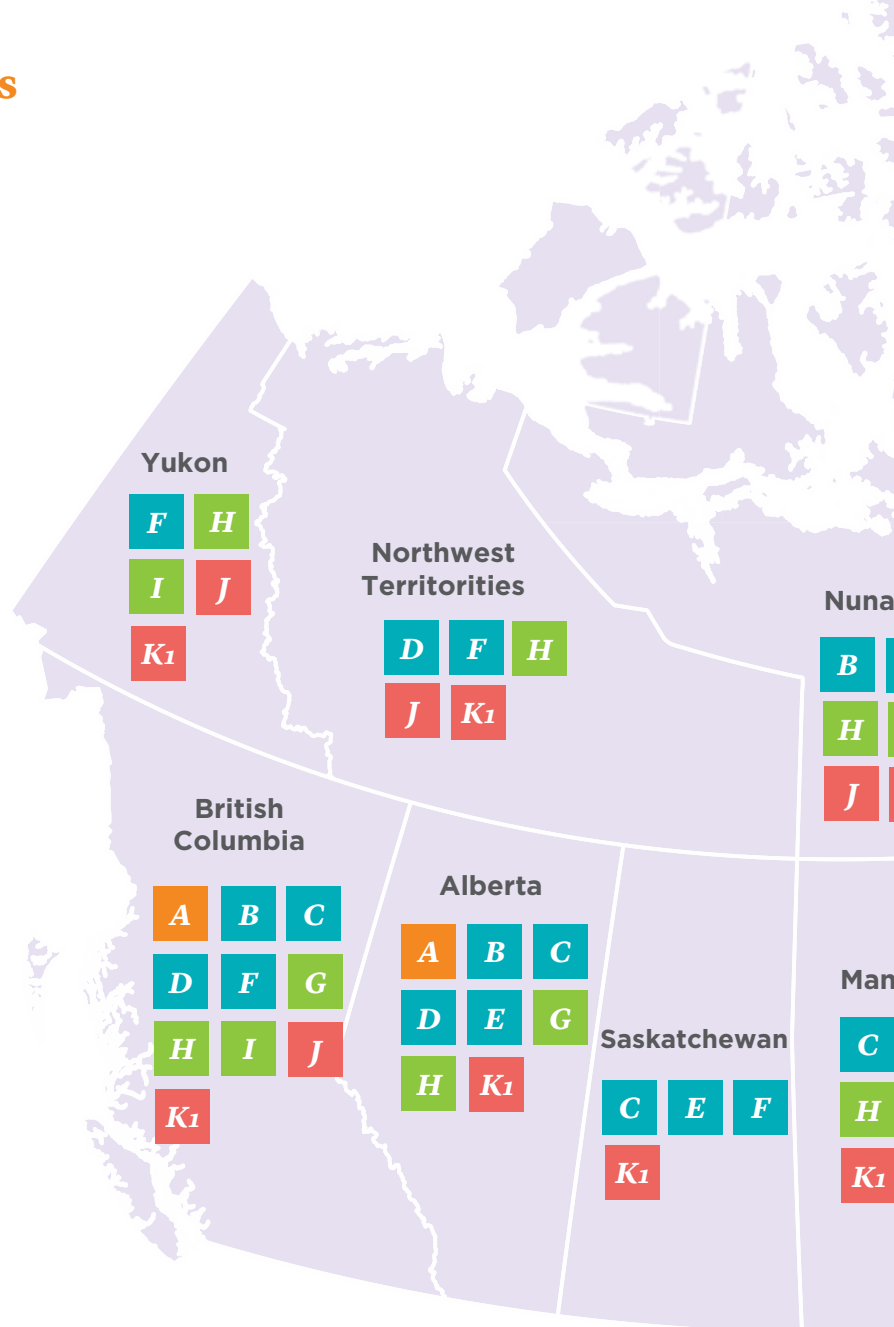
**H** Local Food Promotion

**I** Supporting institutional local food procurement

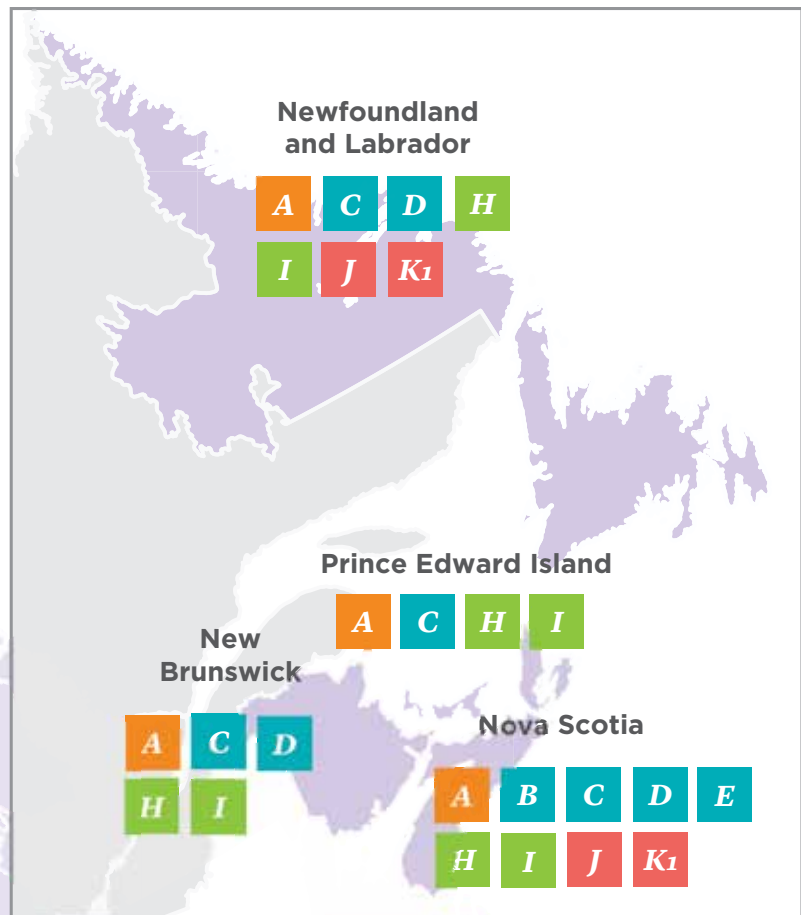
## Procurement

**J** Values-based procurement policies

**K** Health care food purchasing via GPO







# Leverage points for change

Five leverage points are offered as ways to enhance the economic, health, social and environmental benefits of bringing food into a more central role for health and healing.

## 1.

### Bringing to life the new Canada Food Guide

The new Canada Food Guide released in 2019 by Health Canada offers a powerful opportunity to look more closely at food and health. This dietary guidance takes healthy eating in a new direction including considerations that go beyond nutrients to include the eating environment, the nature of food (fresh vs. processed), as well as relevant social, cultural and environmental issues. Bringing this guidance to life in health care settings can influence menus, food service operations, and food environments. The Food Guide points to the important twofold role public institutions can play in creating healthier food environments to support population health - by modelling the new dietary guidance and by increasing healthy food options outside the home.

## 2.

### Investing in food services to help unlock its full value

Food services in health care typically work with very tight budgets for food, which along with a range of different kitchen facilities and staffing resources, can limit their ability to shift purchasing and menus towards more local, sustainable foods. Only two provinces were identified in the scan with funding envelopes set for raw food costs in long-term care facilities: in Ontario, budgets are \$9/resident/day, and in New Brunswick, \$5.95/resident/day. This leaves other long-term care facilities and all acute care facilities vulnerable to budgetary pressures. Increasing support for food services to enable them to purchase more local, sustainable food could help to unlock its full value for both health and agriculture systems. Shifting food and nutrition services from operations (cost focus) to patient care (health focus) was a recommendation offered by a September 2014 consensus conference of public health and food procurement experts in this regard (Raine et al, 2018).

### 3.

#### **Shifting to menus that are good for people and the planet**

With climate change looming as a global health threat, food is an emerging opportunity for action to help meet Canada's Paris Agreement targets and beyond. As the recent *EAT-Lancet Commission on Healthy Diets from Sustainable Food Systems brief for Policymakers* (2019) notes, "the food we eat, the ways we produce it, and the amounts wasted or lost have major impacts on human health and environmental sustainability. A diet that includes more plant-based foods and fewer animal source foods is healthy, sustainable, and good for both people and planet. Getting it right with food will be an important way for countries to achieve the targets of the UN Sustainable Development Goals and the Paris Agreement on climate change." Health care facilities can meaningfully support this work by shifting to more plant-based menus and sourcing sustainably produced foods.

### 4.

#### **Creating a food culture that celebrates healthy, delicious, local, and sustainable food helps institutions to invest in the hard work of change**

Shifting to more healthy, delicious, local, sustainable procurement by institutions requires engaging many actors along the value chain — producers, distributors, procurement officers, food service managers, health care leaders, patients and communities — as well as supporting culture shifts to successfully embed these changes in both food and health systems. Leadership and policies at the facility, provincial/territorial and federal level will be important to enabling greater local and sustainable procurement by institutions.

### 5.

#### **Health care institutions can be anchors in their communities**

Unhealthy eating is a major risk factor for chronic disease and death in Canada. Four million Canadians experience food insecurity which has negative impacts on their health and costs our health care system as well. Health care institutions have significant resources and economic power — procurement, employment, investment, real estate — that they can align with strategies to address unhealthy eating, food insecurity and improve the social determinants of health by being anchors in their communities.



Taken together the opportunities for policy innovation and leverage points for change illustrate the great potential for the future of food in health care to positively affect patient experience, institutional culture and community well-being. This scan is intended as a starting point for deepening understanding and identifying opportunities for greater policy integration and innovation across sectors and across Canada.

**This discussion section provides a more detailed analysis of pan-Canadian policies related to food in health care settings, the promotion of healthy, delicious, local, sustainable and cultural food, and values-based procurement.**

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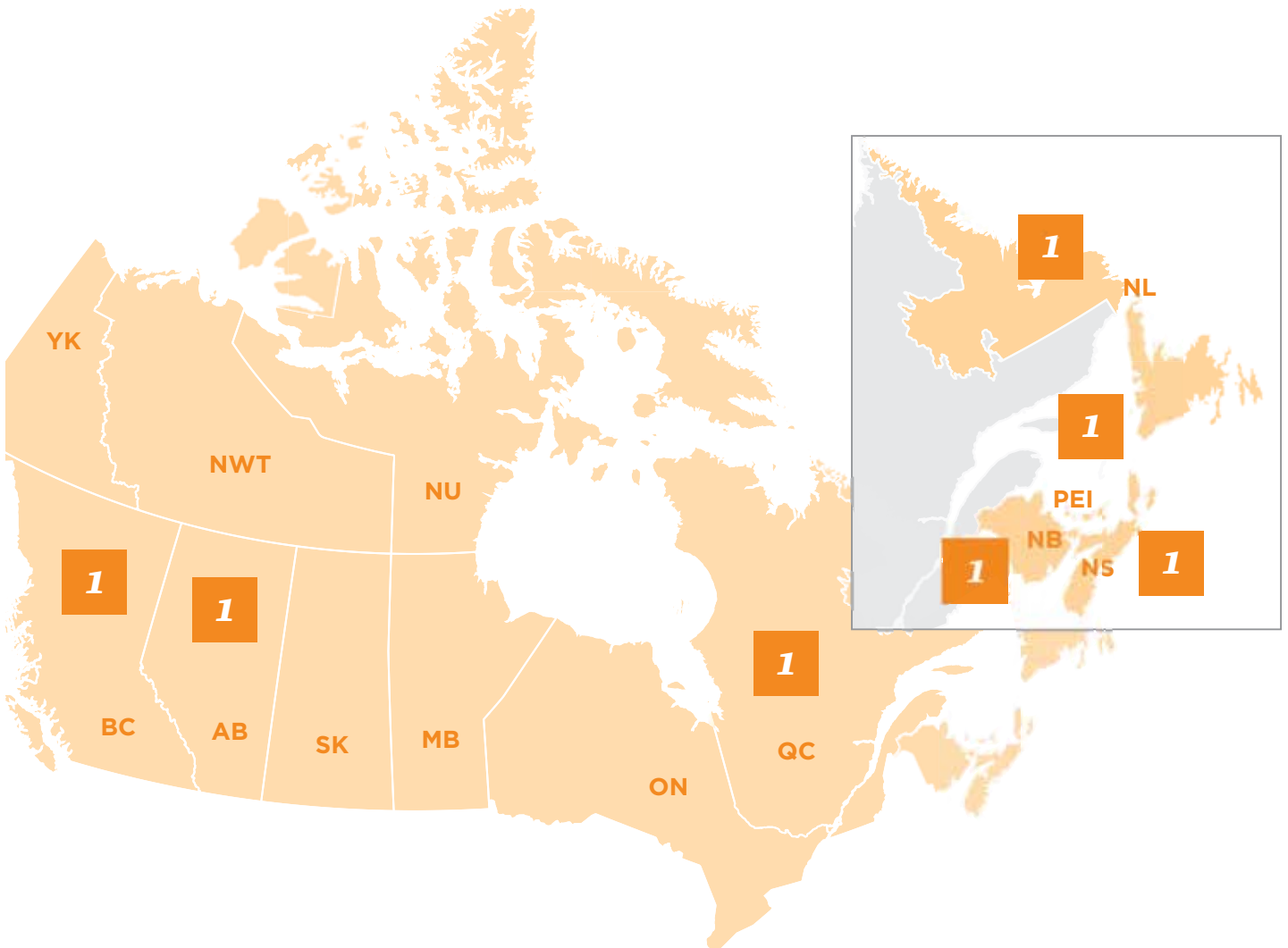
# ***Discussion of Scan Findings***

POLICIES RELATED TO

# Food and nutrition strategies

## **1** Institutional food is identified as a way to support healthy eating

Food and nutrition strategies in Alta., B.C., N.B., N.L., N.S., P.E.I., and Que., reference institutional food as a way to support healthy eating.



# Food and nutrition strategies



Almost all provinces and territories have food and nutrition strategies emphasizing the critical connection between a nutritious diet and health. They offer guidelines and recognize the need for support for vulnerable populations in order to encourage healthier eating and reduce rates of diet-related chronic disease.

Strategies that identify the important role that creating healthy food environments in public institutions can play in encouraging healthy eating in populations are highlighted below.

## ALBERTA

*Alberta Nutrition Guidelines for Adults* (Government of Alberta, 2012) and the *Alberta Nutrition Guidelines for Children and Youth* (Government of Alberta, 2012) are designed to equip Albertans, facilities and organizations with the foods they need to create healthier eating environments in their homes, workplaces and in public settings.

## BRITISH COLUMBIA

*Promoting Healthy Eating and Sustainable Local Food in B.C.: An Action Framework for Public Institutions* “provides a broad range of ideas that health authorities, educational institutions, childcare facilities, and local governments can take to support the determinants of healthy eating while promoting a local and sustainable food

supply” (B.C. Provincial Health Authority, 2011). More recently, the provincial health authority commissioned a report detailing the connection between agriculture and health, *Agriculture’s Connection to Health: A summary of the evidence relevant to British Columbia* (B.C. Provincial Health Authority, 2016).

## NEW BRUNSWICK

*The New Brunswick Public Health Nutrition Framework for Action 2012-2016* (Government of New Brunswick, 2012) includes recommendations to “support the development of nutrition policies in health care settings” and to “promote the use of local nutritious food and beverages in public institutions.”

## NOVA SCOTIA

*Healthy Eating Nova Scotia* (Healthy Eating Action Group, 2005) is a provincial planning framework for action on healthy eating which “recommends that the Office of Health Promotion work with partners to develop food and nutrition policy frameworks for food service operators in publicly funded institutions, such as schools, hospitals and post-secondary institutions,” and the *Nova Scotia Food and Beverage Nutrient Criteria* (Government of Nova Scotia, 2008) outlines maximum and minimum nutrition criteria for use in policies in various settings.

## **NEWFOUNDLAND AND LABRADOR**

*The Eating Healthier in Newfoundland and Labrador: Provincial food and nutrition framework and action plan* (Government of Newfoundland and Labrador, 2006) is designed to direct and support other actors, including public institutions, in making decisions regarding food and nutrition.

in their efforts to reclaim a varied and healthy diet and all of the associated benefits for their overall health and quality of life.”

## **ONTARIO**

While it does not have a provincial policy per se, Ontario does have a diverse group of experts and stakeholders representing agriculture, food, health and Indigenous communities from the not-for-profit, public health, academia and government sectors who have developed the *Ontario Food and Nutrition Strategy* (Ontario Food and Nutrition Strategy Group, 2017). The strategy identifies an action area—increasing the use of healthy and local food in public sector organizations—as being important “to start shifting the food environment by showcasing healthy and local foods in their facilities and acting as role models for other organizations” (p.18).

## **PRINCE EDWARD ISLAND**

Prince Edward Island identifies healthy eating as a key pillar in its Wellness Strategy identifying “opportunities to impact healthy food and overall healthy living choices in many different settings and across the lifespan – from breastfeeding friendly environments, early learning centers, schools, post-secondary education settings, workplaces, recreation facilities, hospitals, and long-term care facilities” (PEI Department of Health and Wellness, 2014, p.10).

## **QUEBEC**

In Quebec, the *Politique gouvernementale de prévention en santé* (Québec MSSS, 2016) sets out policy to achieve a number of health policy objectives and the *Plan d'action interministériel 2017-2021 de la Politique gouvernementale de prévention en santé* (Québec MSSS, 2018) offers an interdepartmental plan of action to this end. Additionally, the Institut National du Santé Publique du Québec has produced a report called *The Diet of Québec First Nations and Inuit Peoples* (2015) to “emphasize the urgency of supporting First Nations and Inuit

# Food in health care settings

1

## Hospital food service standards/initiatives

*Hospital food referenced in regulations:* Nunavut.  
*Hospital food initiatives:* Alta. (patient food experience); B.C. (sodium reduction); N.S. (room service); Que. (framework for facility-led policy development);

2

## Long-term care food service standards

All ten provinces have regulations (varying levels) Alta., B.C., Man., N.B., N.L., N.S., Ont., P.E.I., Que., Sask.

3

## Healthy Food Environments

Alta., B.C., N.B., N.S., N.W.T., Que. all have supportive policies (varying levels.)

4

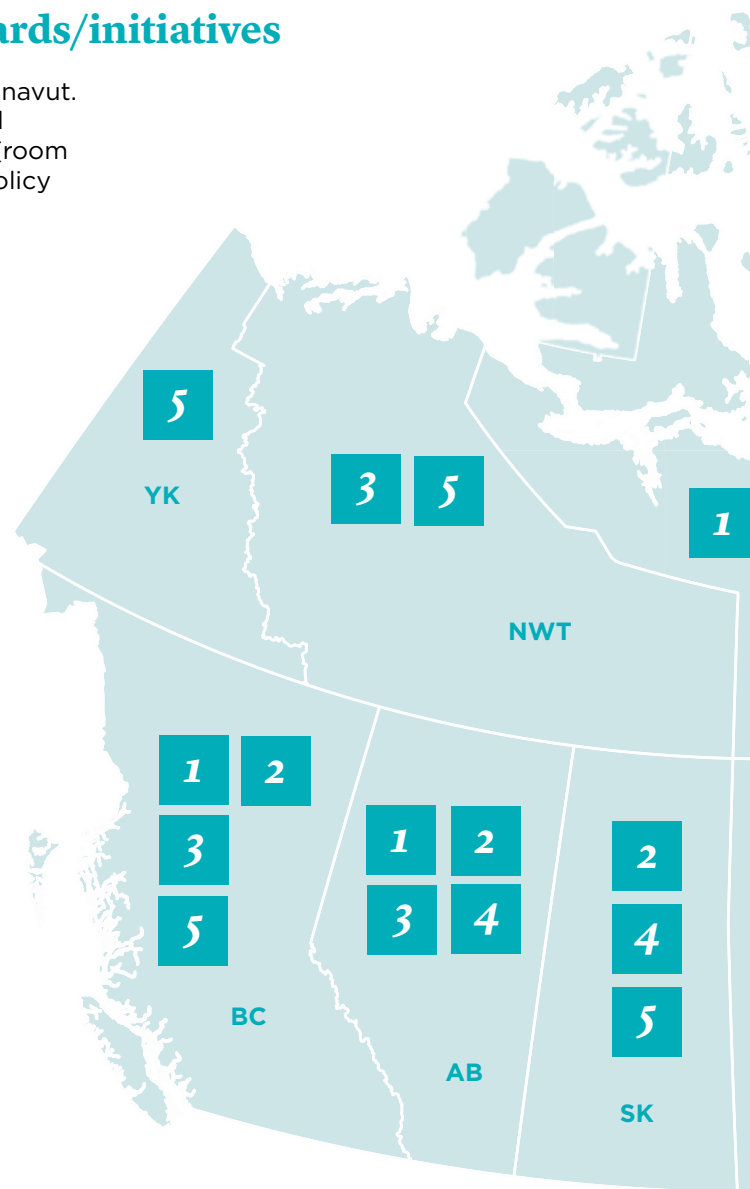
## Patient Food Experience

Alta., N.S., Sask. have standardized patient food experience survey tools

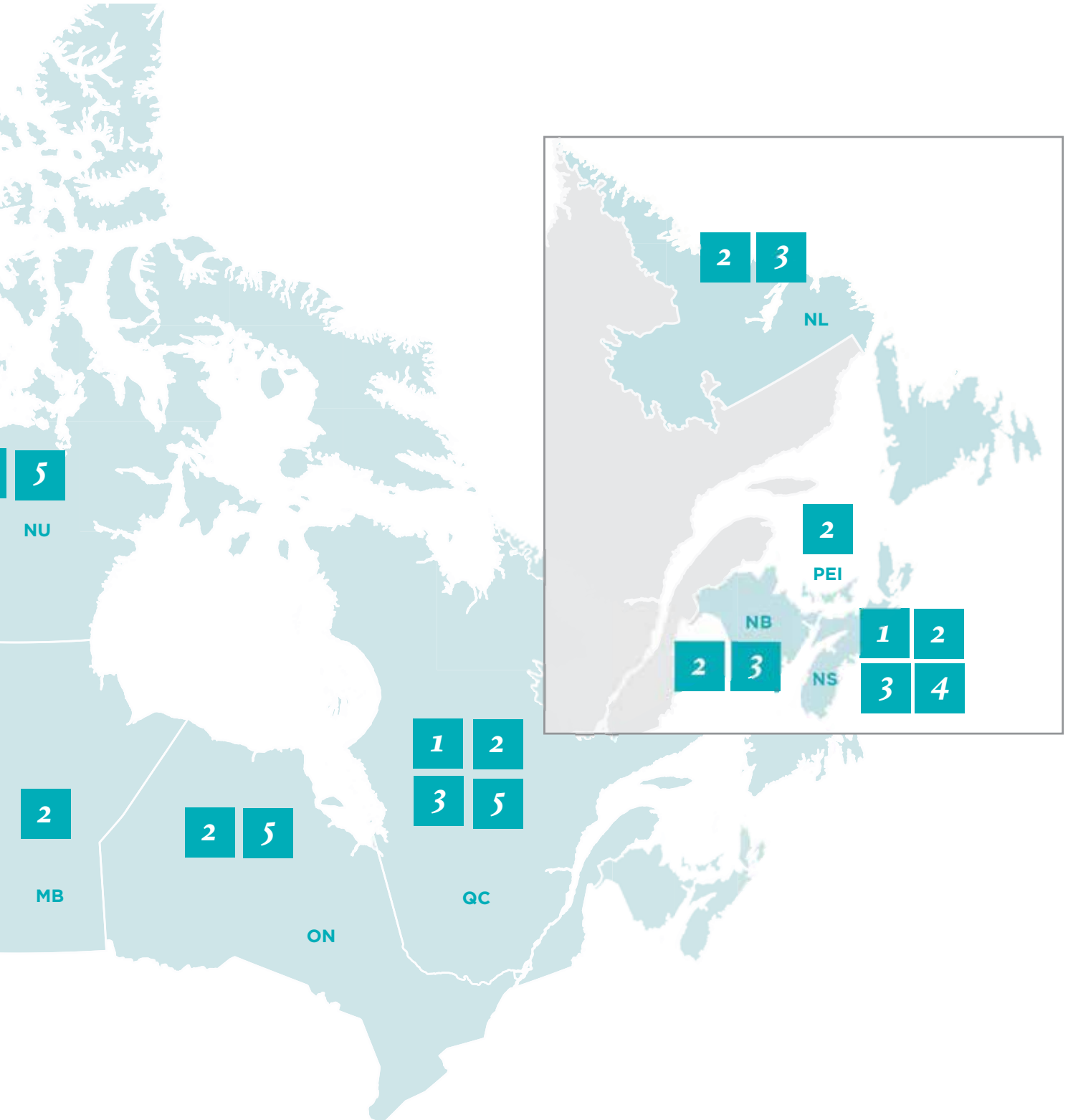
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## Indigenous country/traditional food

Policies and regional efforts identified in: B.C., N.W.T., Nunavut, Ont., Que., Sask., Yukon







# Food in health care settings



Five aspects of food in health care settings were included in the policy scan: **hospital food service standards, long-term care food service standards, healthy food environments, patient food experience, and Indigenous country/traditional foods.**

## Hospital food service standards

Provincial/territorial legislation and frameworks that outline the requirements for the provision of acute hospital care do not provide detailed standards for food and nutrition apart from Nunavut. This is notably in contrast to long-term care settings where food is often guided by detailed regulations (see the section below).

### NUNAVUT

Consolidation of Hospital Standard Regulations (Nu. Reg. 1990 c T-6) outline the equipment and facilities required for the storage, preparation and serving of food but do not provide guidance on menus etc.

### *Hospital Food Context*

Without standards in place hospital food is shaped by menu setting practices and food service operations.

#### **Menu setting**

Menu setting in hospitals is typically led by a dietitian and based on Canada's Food Guide, with additional therapeutic diets developed to meet clinical needs. Two examples of diet compendiums are offered here: *Adult Diet Compendium, Nutrition and Food Services* (Winnipeg Regional Health Authority, 2008) and the *Alberta Health Services Diet Guidelines* (2018).

#### **Food preparation**

Typically, larger hospitals use cold plated/retherm systems where outsourced menu items (from a bulk production facility that services multiple institutions in a network, or from a supply chain) are reheated for meal service. Research in Ontario found that often more than 70% of menu items are outsourced (Padanyi, Kanetkar, Varangu, Wylie-Toal, Blay-Palmer, 2012). Other hospitals may produce menu items from scratch or semi-scratch using hot-plate systems where food is prepared on site and served hot. Outsourcing food often limits facilities' flexibility, for example, in being able to purchase from small producers who lack the infrastructure to process their products (e.g.

peeled and chopped vegetables), or in being able to control ingredients like sodium, sugar and potential allergens in meals since they are not cooking from scratch.

### Meal service

Most hospital patients are served non-select menus at set meal times, meaning they are not offered menu choices but are typically interviewed at admission about food preferences, which are then taken into account when putting together patient food trays. A small but growing number of hospitals are offering on-demand room service models where patients choose what they would like from the menu, and when to eat. Early adopters include Children's Hospital of Eastern Ontario in 2003 (Payne, 2018), IWK Health Centre in 2008 ("Twenty-four hour Dial for Dining Program," 2011), Halton Health Care in 2013 ("Call to Order," 2013), CHU Ste-Justine in 2015 (Lavoie, 2016) and Misericordia Community Hospital in 2018 ("Made to order," 2018). Nova Scotia is the first to work toward province-wide scaling of the room service model (see below).

## Hospital food initiatives

Several provinces have undertaken efforts to improve hospital food.

### ALBERTA

Alberta Health Services (AHS) has developed department guidelines for the *Patient and Resident Centred Meal Experience* (2014) related to food choice, food quality and customer service for all health service operated sites. AHS has also recently focused on addressing malnutrition through its *Time to Eat Toolkit* (2018), which aims to reduce barriers to eating by engaging all staff to support patients at meal time in acute and other care settings such as pediatric, adult or elder care facilities. Additionally, Alberta's policies and frameworks are informed by the *Alberta Nutrition Guidelines* (for both adults and children) (Government of Alberta, 2012).

### BRITISH COLUMBIA

While researchers have identified that high sodium levels are an issue in hospital menus (Arcand, Steckham, Tzianketas, L'Abbé, Newton, 2012), only British Columbia has implemented a strategy and set a reduction target of 2300 mg sodium per day in patient meals by 2021. The report *Sodium Reduction in Health-Care Facilities: B.C.'s Experience* (B.C. Ministry of Health, 2016) outlines challenges in meeting this target relating to palatability for patients and residents and the inability to influence food manufacturers' recipes to reduce sodium.

### NEWFOUNDLAND AND LABRADOR

In Newfoundland and Labrador, recent changes in food service within the Eastern Regional Health Authority provides individuals with the ability to select items from a predetermined menu of healthy choices from the Steamplicity program of Compass (McNeish, 2018). A number of other facilities across Canada have adopted this program.

### NOVA SCOTIA

The Nova Scotia Health Authority is implementing a standardized room service model across the province which aims to increase patient satisfaction through better sensory qualities and food temperature control, patient autonomy and flexibility in meal choices and eating times, and inviting family members and visitors to order from guest menus and join patients at meal time.

### QUEBEC

Quebec's health ministry, MSSS, developed a framework, *Miser sur une saine alimentation : une question de qualité* (2009), to assist health and social services institutions in implementing facility policies that ensure a high-quality food environment for all clients, including users, staff and visitors. This framework outlined a suite of policy options that facilities could adopt, such as offering foods with high nutrition value, integrating the principles of sustainable development into all food service activities, promoting the availability and economic accessibility of a variety of foods with high nutritional value, ensuring the development of

staff skills and ensuring the overall quality of food and beverages offered. The 2015 follow-up report on policy uptake, *Miser sur une saine alimentation: une question de qualité. Bilan de la mise en oeuvre des politiques alimentaires dans les établissements du réseau de la santé et des services sociaux* (Québec MSSS, 2015), provides survey results on the uptake and development of these food policies by facilities.

## Long-term care food service standards

All ten provinces provide frameworks for food and nutrition in long-term care settings, albeit to varying degrees. These regulatory standards and guidelines consistently cite *Canada's Food Guide* and, in some cases, *Canada's Food Guide for Métis, First Nations and Inuit*, as the basis of menu planning. The recent *Dietitians in Long-Term Care: A Pan-Canadian Environmental Scan* (Dietitians of Canada, 2018) provides an overview and additional detail on requirements in legislation/regulation across Canada related to dietitian's roles such as nutrition assessment and menu planning.

A list of regulations are provided here with details available in the appendices:

- **Alberta** - *Accommodation Standards and Licensing Information Guide, Long-term Care* (Alberta Health, 2010)
- **British Columbia** - *Residential Care Regulation* (B.C. Reg. 96/2009)
- **Manitoba** - *Personal Care Homes Standards Regulation* (MB Reg. 30/2005)
- **New Brunswick** - *Standards and Procedures for Adult Residential Facilities* (N.B. Social Development, 2013)
- **Newfoundland and Labrador** - *Long term care facilities in Newfoundland and Labrador - Operational Standards* (Newfoundland and Labrador Department of Health and Community Services, 2005).
- **Nova Scotia** - *Homes for Special Care Regulations* (N.S. Reg. 127/77)
- **Ontario** - *Long-term Care Homes Act* (2007) and *Regulation 79/10*
- **Prince Edward Island** - *Community Care Facilities and Nursing Homes Act Regulations* (PEI Reg. EC 391/84),
- **Quebec** - *Regulation respecting the certification of private seniors' residence*

(CQLR c S-4.2, r 0.01); Public long-term care facilities (CHSLD) are guided by Un milieu de vie de qualité pour les personnes hébergées en CHSLD - Orientations ministérielles (MSSS, 2003)

- **Saskatchewan** - *Program Guidelines for Special Care Homes* (Ministry of Health, 2016)

## **NORTHWEST TERRITORIES, NUNAVUT, YUKON**

All three territories offer Continuing Care Facilities which are not currently governed by food regulations.

- **Northwest Territories** - Regulatory framework is being developed as referenced in the *Continuing Care Services Action Plan* (Government of Northwest Territories, 2017)
- **Nunavut** - *Continuing Care in Nunavut 2015-2035* (Nunavut Department of Health, 2015) reports that there are 44 long-term care beds in the territory and anticipates a need for more care options in the coming years. While it does not mention food and nutrition regulations, the assessment of out-of-territory placement for individuals with dementia notes the importance of access to country food for Indigenous populations as a strong reason for providing care in the territory.
- **Yukon** - The five continuing care facilities in the Yukon are not governed by regulations, though they do tend to rely on the *Dietitians of Canada working paper, Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes* (2013).

A brief analysis is offered below exploring several aspects of regulations such as eating environments, incorporating patient preferences into menu planning and budgets.

## **COMPREHENSIVE STANDARDS**

Ontario's *Long-term Care Homes Act* (2007) and *Regulation 79/10* appear to be the most comprehensive in Canada, outlining specific structures and staffing required at each facility, for example, requirements that at least one cook work onsite 35 hours a week, that

a registered dietitian complete a nutritional assessment for every resident upon admission and be onsite for 30 minutes per resident per month, and that a Residents' Council be established to provide input on food services.

## **FOOD PREFERENCES**

Asking residents about food preferences is included in regulations in Alberta, Saskatchewan, Prince Edward Island, Newfoundland and Labrador. Manitoba's regulation stipulates that residents' culture, religious practices and food preferences must be incorporated into menu planning. New Brunswick's standards takes this a step further, requiring that operators "give residents the opportunity to help in the planning and the preparation of meals and snacks" and "encourage residents to utilize kitchen facilities to prepare and/or access their own snacks" (N.B. Social Development, 2013).

## **PHYSICAL DINING SPACE**

Regulations in Saskatchewan and Nova Scotia include specifications regarding the physical space for dining. Saskatchewan's program guidelines include a detailed dining experience policy with 21 specifications designed to ensure that, in addition to being resident centred and nutritional, dining experiences are socially and emotionally supportive. Nova Scotia's regulation includes specifications regarding the amount of square feet per resident in both the dining room and in the food preparation area.

## **SUSTAINABILITY**

B.C. provides an optional checklist for the review of current sustainability practices in food services, such as purchasing, menus and waste management, in *Audits and More: A Nutrition and Food Service Audit Manual for Adult Residential Care Facilities for 25 Persons or More* (B.C. Ministry of Health, 2008).

## **HARMONIZED MENUS**

Quebec's MSSS led an initiative to harmonize menus in long-term care facilities with a goal of full adoption by March 31, 2018, which appears to have been delayed (Lachance, 2018).

## DAILY FOOD BUDGETS

Funding envelopes for daily food budgets for residents are set only in Ontario at \$9/resident/day, and in New Brunswick at \$5.95/resident/day (Dietitians of Canada, 2018). With the recent increase in the food budget in Ontario statements provided by Advantage Ontario reference this as an opportunity to now provide fresher food to residents (Welsh, 2017).

## EMERGING RESEARCH ON MEALTIMES

Despite the standards in place some long-term care residents continue to find the quality of their food poor and list it among their central concerns, as found for example in the report of *2018 Saskatchewan Health Authority CEO Long-Term Care Facility Visits*.

*Making the Most of Mealtimes* (2018) was the largest study of its kind in Canada to explore what residents living in long-term care eat in four different provinces and what factors promote better nutrient intake. Its key findings offer many insights into potential improvements. It identified that to support better food intake among older adults in long-term care, who are often nutritionally vulnerable, there is a need to improve menus and the taste of food, create more welcoming, comfortable eating spaces and provide person-centred techniques. *Exercising Choice in Long-Term Residential Care* (Armstrong & Daly, 2017) identified a number of promising practices to support the exercise of choice by residents including “regulations that allow flexibility in mealtimes” and that “Food prepared and cooked on the premises; food that is both available and accessible 24/7 in the living area and in the residence and that can be prepared there; healthy, colourful food that is familiar, appealing, and easy to consume in small portions” (p. 52).

# Healthy food environments

Food environments heavily influence food choices as “the types and quality of foods that are available to us, the cost, and the marketing of those foods all influence what we consume daily, with an ultimate influence on our overall health” (Vanderlee et al, 2017, p.2). Currently the availability of fast food options and sugary drinks in hospital cafeterias, retail franchises and vending machines often does not best model healthy eating. As hospitals are significant employers and reach a large population of patients and visitors, this makes them an important setting for healthy eating efforts and a wide array of policy mechanisms were identified in the scan to build upon.

The new Canada Food Guide speaks to the growing recognition that policy action is needed to shift healthy eating to a more collective responsibility. Only a decade ago, in 2009, Capital Health in Nova Scotia was the first health authority in Canada to develop a comprehensive healthy eating strategy and policy with this lens. The *Journey to Healthy Eating at Capital Health: Doing the Right Thing* (Capital Health, 2011) document states that the authority started its journey to healthy eating “in 2004 when a staff member emailed Capital Health’s then-CEO Don Ford to ask why a health care facility was selling the very foods that were contributing to the conditions we were treating” (p.4).

Several provinces are working to create healthier food environments by improving vending and cafeteria offerings in all types of public institutions. School food policies and guidelines, while beyond the scope of this scan, are notable in that they have been a priority for provinces and territories since 2005, including parameters for foods that can be sold during school hours (Federal Provincial Territorial Group on Nutrition Working Group on Improving Consistency of School Food and Beverage Criteria, 2014).

Below are highlights of efforts to create more supportive healthy eating environments in health care settings.

## **ALBERTA**

The Alberta Health Services Healthy Eating Environments (2017) policy aims to promote healthy eating among patients, staff, volunteers and visitors, and the *Nutrition Guidelines for Foods and Beverages in AHS Facilities* (2018) provide details for retail and vending. Recently, the Rockywood General Hospital piloted the removal of sugar-sweetened beverages (Rockyview 'drinks' to healthy beverages, 2017).

## **BRITISH COLUMBIA**

*The Healthier Choices in Vending Machines in B.C. Public Buildings* (B.C. Ministry of Health, 2014) policy was introduced to increase the range of healthier food and beverage choices available in vending machines in publicly owned buildings in B.C.. Additionally, the *B.C. Informed Dining in Health Care Program* (Healthy Families B.C., 2016) applies to all retail food service establishments in health care facilities and offers a designation for retailers that provide consumers with nutrition information on calories and sodium so they can make informed choices.

## **NEW BRUNSWICK**

The Vitalité Health Network, one of the two provincial health authorities in New Brunswick, has adopted a *Healthy Food Environment Policy* (2015) and currently has an action plan to implement the policy in its four areas within its jurisdiction over the next three years. The first step was to ensure adherence to the policy for the hospital patient menu and to continue working towards a healthy food culture (Vitalité Health Network, 2018). The Network is now implementing a healthy hydration program to eliminate sweetened beverages by March 2019.

## **QUEBEC**

Quebec's framework, *Miser sur une saine alimentation : une question de qualité* (MSSS, 2009), discussed earlier in this report in the section on hospital regulations, is a tool

offering a suite of policy options to encourage health and social services institutions to adopt facility policies with the goal of ensuring a high-quality food environment for all users.

## **NORTHWEST TERRITORIES**

Healthy Foods in Facilities (NWT Health and Social Services, 2006) provides guidelines for the kinds of foods and beverages offered in health and social service facilities.

## **REGIONAL INITIATIVES**

There are two notable regional initiatives. The Healthy Food in Hospitals Program (Champlain Cardiovascular Disease Prevention Network, 2012), led by the 19 CEOs in the Champlain Local Health Integration Network (LHIN) in Ontario, is aimed at increasing availability of healthy foods. The program outlines gold, silver and bronze standards for stepwise change to create healthier food environments in cafeterias, vending, franchises and volunteer operations (e.g. gift shops and cafés). And the *Winnipeg Regional Health Authority's Position Statement on Healthy Eating* (2017) promotes a "comprehensive approach to healthy

eating that considers nutrition, food, eating competence (positive attitudes towards eating where needs and wants are in harmony), food systems, community food security, pleasure and traditions, and how these factors intersect to influence healthy eating” (p.2).

## Patient food experience

The impact of food on patient experience is a promising avenue to explore. Saskatchewan Health Quality Council (2012) research into what influences patients’ ratings of hospital care in acute settings found that patients were “four times more likely to rate their hospital as ‘10 out of 10 - best hospital possible’ when they rate the quality of the food (how it tasted, serving temperature and variety) as excellent” (p. 2). However, there are many methodological challenges in thoroughly assessing both food quality and how food contributes to a patients’ experience, recovery and wellness.

For many years, discharged patient surveys included general questions about satisfaction with food services. Recently, many provinces — Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario and Quebec — have adopted the *Canadian Patient Experience Survey for Inpatient Care* (CPES-IC) (Canadian Institute for Health Information, 2015) to assess and benchmark the patient experience across the continuum of care, and to support pan-Canadian comparisons. The survey does not, however, contain questions about food. As mentioned in the long-term care food service standards section above, seeking and addressing patient feedback is also integrated into many provincial/territorial regulations. The Canadian Institute for Health Information is currently developing a similar tool to the CPES-IC for patient-reported experience measures in long-term care (n.d).

**Three provinces** use standardized patient satisfaction survey tools related to food:

- **ALBERTA:** Alberta Health Services (AHS) *Department Guidelines Patient and Resident Centred Meal Experience* (2014) “establish the foundation upon which all meal improvement strategies and initiatives should be based.” AHS uses a *Standardized Patient Food Services Satisfaction Survey* on taste, overall appearance, variety, temperature, service and portion size, all of which are combined for an overall score. Surveys are conducted every six months.
- **NOVA SCOTIA:** The Nova Scotia Health Authority (NSHA) *Patient Experience Survey* (2018) provides feedback on elements measuring the patient experience within NSHA facilities and care centres (e.g. inpatient care units, veteran care and long-term care). In addition, the NSHA conducts an annual *Nutrition & Food Services Patient Experience Survey* to all patient care units to gain feedback on patients’ food and food service experience. The survey results are shared across the province to monitor patient experiences, identify common trends and identify areas of improvement within the Nutrition and Food Services department
- **SASKATCHEWAN:** The Saskatchewan Health Quality Council’s standardized tools to measure patient experience (2017) include an acute care survey tool with one food-related question, and a long-term care resident experience survey with four food-related questions. Additionally, since 2013 “Saskatchewan Health Authority leadership have been conducting annual tours of long-term care facilities across the province. The goal of these annual tours is to find out what’s working well and what can be improved” (Saskatchewan Health Authority, 2018, p. 1) and the 2018 report references food many times. The Saskatchewan Health Authority (SHA) has identified patient food experience



as a key performance indicator for the department of Nutrition and Food Services (NFS). The NFS team is leading the national *Good Food Project* (see below) with implementation in all SHA acute care facilities planned for fall 2019.

Two additional provinces are exploring potential patient satisfaction evaluation tools.

### **BRITISH COLUMBIA**

The B.C. Ministry of Health is currently exploring options for collecting province-wide patient satisfaction data related to food services, recognizing that a standardized provincial food satisfaction survey tool would help assess the impact of any food service policy or initiative on patients and residents.

### **ONTARIO**

The Ontario Ministry of Agriculture and Rural Affairs is funding a research project called *Putting Quality Food on the Tray*, which will develop and test a patient food satisfaction and experience tool from 2017-2020. Several Nourish innovators are collaborating with the research team, on the *Good Food Project: Measuring the patient experience with hospital food* (n.d.) to test the tool in other provinces and are aiming for implementation.

### **FACILITY-LED**

In provinces/territories without standardized survey tools, facilities typically conduct their own patient satisfaction surveys and/or plate waste audits when new menu items are introduced to gauge how patients respond to them.

## **Indigenous country/ traditional foods in health care settings**

Food security and nutrition are important issues for First Nations, Inuit and Métis peoples, as outlined in *The State of Knowledge of Aboriginal Health by the National Collaborating Centre for Aboriginal Health* (NCCAH) (2012). Access to country/traditional foods and the sacred connection to the land is a vital part of health and well-being. Various resources outline these connections including the *Yukon Health and Social Services' Our Culture, Our Health* infographic on traditional foods and the *Dietitians of Canada's Aboriginal Nutrition Network resources*. Yet the most comprehensive review of Aboriginal health policy in Canada to date, the NCCAH's *Looking for Aboriginal Health in Legislation and Policies, 1970-2008* (2011), makes no mention of nutrition, signaling a significant policy gap.

A recent report *The Challenges of Delivering Continuing Care in First Nations Communities* (Standing Committee on Indigenous and Northern Affairs, 2018) includes a recommendation “ [t]hat Indigenous Services Canada work with First Nations and the provinces and territories to take immediate measures to encourage the implementation of culturally appropriate programming and service delivery including traditional foods in long-term care facilities and as part of home care and community based care on reserves” (p. 36).

Serving country/traditional food is an integral part of delivering more patient-centred care (Lenihan, 2018) but often food safety traceability and other regulations create barriers to the provision of country/traditional

foods in public institutions such as child care settings (Provincial Health Services Authority, 2016).

The Northern Policy Hackathon hosted by The Gordon Foundation in 2017 came up with three policy recommendations to optimize all aspects of country/traditional food systems and acknowledging that a collaborative approach is needed at all levels to move forward.

Efforts towards sourcing and serving country/traditional foods in health care settings identified in the scan are presented below by province/territory and range from pilots, to established facility programs, to enabling guides and legislation.

## **BRITISH COLUMBIA**

Northern Health in British Columbia is also working to create culturally safe environments with traditional First Nations foods (Carter, 2017).

## **NORTHWEST TERRITORIES**

In the Northwest Territories, Health and Social Services Minister Glen Abernethy made a commitment in 2017 to make traditional foods widely available to patients at the new Stanton Territorial Hospital, expanding on offerings currently available by request (Brockman, 2017). The current *Food Establishment Safety Regulations* (NWT Reg. 97/09) Section 30 states that “(2) Wild fish or game that is not subject to inspection may be handled in a food establishment, if it is legally harvested in the Northwest Territories and is legally obtained by the operator.”

## **NUNAVUT**

In Nunavut, government-funded facilities and community programs are encouraged to offer more country foods with the extensive guide *Serving Country Foods in Government Funded Facilities and Community Programs* developed by the Government of Nunavut and the Nunavut Food Security Coalition (2017).

## **ONTARIO**

The Ontario legislature passed the *Bill Pr15, Sioux Lookout Meno-Ya-Win Health Centre Act* (2001) which permits the facility to serve traditional foods, such as uninspected meat from animals and birds killed by way of hunting, to be served to patients, visitors and staff. The Sioux Lookout Meno Ya Win Health Centre Miichim (Traditional Foods) (n.d) program emphasizes that these foods are both an important part of the daily lives of many Anishinaabe people and are an important link between health, culture and identity. The centre offers traditional foods to all patients once a week, with a selection of premade frozen Miichim meals available for patients who wish to keep with their traditional diet on a daily basis.

A facility in Ottawa, the Tungasuvvingat Inuit’s Mamisarvik Healing Centre, which treats Inuit from across the country battling trauma and addiction issues, offers country food such as caribou, seal and arctic char as part of its program.

## **QUEBEC**

In Quebec, the Cree Board of Health and Social Services of James Bay (2016) offers food safety training around the serving of traditional foods, serves traditional foods at the Chisasibi Hospital and reports planning to extend the service to Elder care settings and Child Care Centres.

## **SASKATCHEWAN**

The Métis Nation-Saskatchewan and SHA signed a *Memorandum of Understanding* (2018) to work together to achieve better health outcomes for Métis people by “setting a path for meaningful discussions on health-related issues, including traditional medicine and spiritual healing practices for Métis and all Saskatchewan people.”

The Athabasca Health Facility, Yutthe Dene Nakohoki (“A Place to Heal Northern People”) in northern Saskatchewan uses both modern and First Nation Health Care methods and includes traditional/country foods in the regular patient menu guided by a *Game Meat in Care Facilities Policy* (PHU-EHA - 001, 2016) of the Northern Inter-Tribal Health Authority.

## **YUKON**

The Whitehorse General Hospital in the Yukon has been offering a *Traditional Foods Program* (Yukon Hospitals, 2018) using donated wild food to First Nations, Inuit and Métis patients for over 20 years.

POLICIES RELATED TO

# Local food

1

## Local Food Definition

Canadian Food Inspection Agency has a local food claims interim policy. Alta., B.C., Man., Ont., Que., have provincial definitions of “local”.

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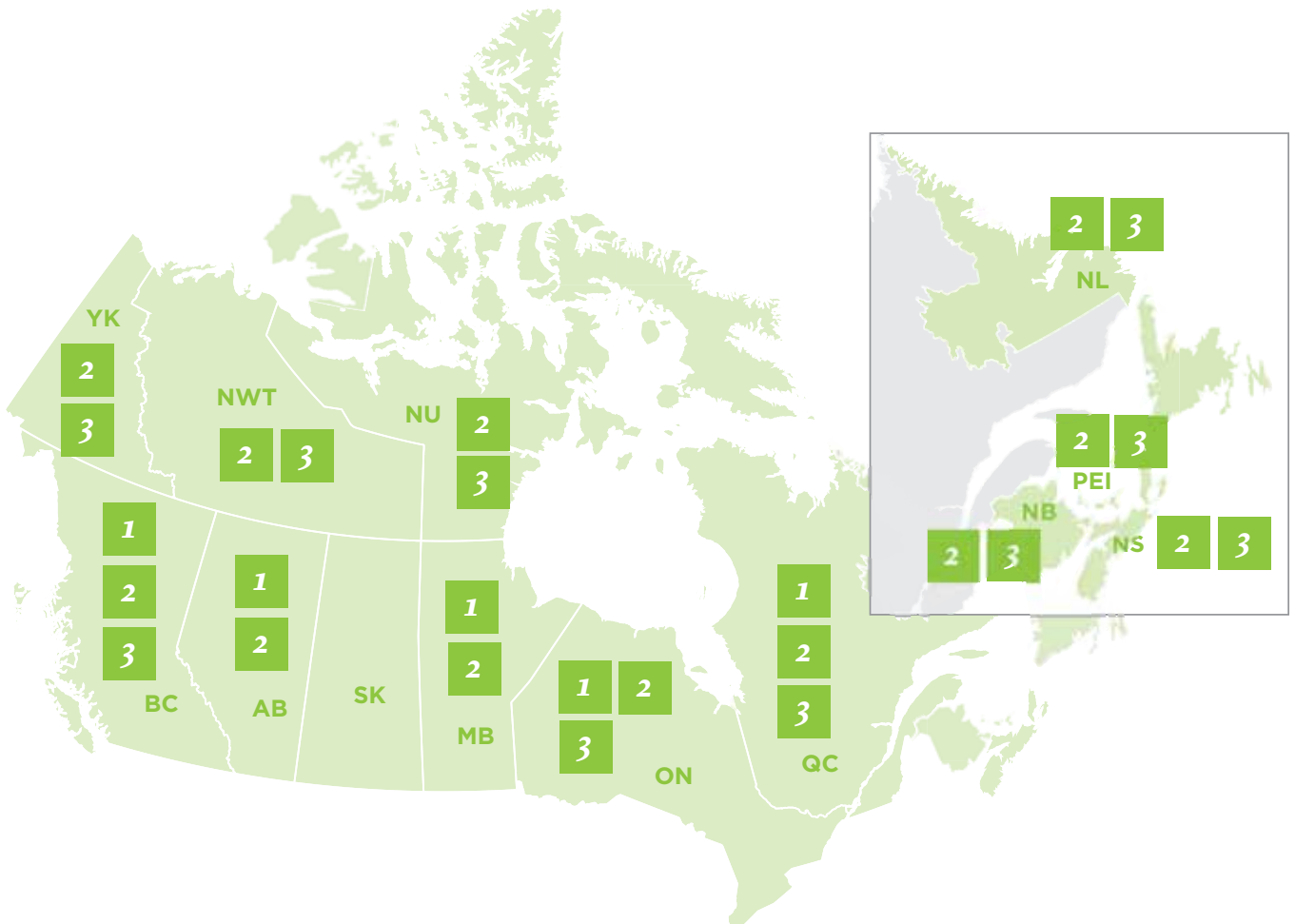
## Local Food Promotion

Nearly all provinces/territories promote local food; Que. includes a priority for sustainable food.

3

## Supporting institutional local food procurement

B.C. has an aspirational local food procurement target for health care facilities; Procurement initiatives also in N.B., N.L., N.W.T., N.S., Nunavut, Ont., Que., Yukon.



## DISCUSSION OF SCAN FINDINGS

# Local food



## Defining local food

To implement local food procurement and track the results, the definition of local food is clearly important. *The Local Food Claims Interim Policy* of the Canadian Food Inspection Agency (2019), defines “local” as food produced in the province or territory in which it is sold, or sold across provincial borders within 50 km of the originating province or territory.

However, using a singular definition of local food is challenging because not all individuals, institutions, retailers and distributors see it the same way. Instead, they tend to identify many different facets as “local.” In fact, many define local along a continuum. For example, this can start with giving preference to food produced in their community. When this is not possible, they can branch out to larger geographical areas — a county, a region (e.g. Niagara), a province, or even the whole country.

Another complicating factor in understanding “local” food is that many of the reasons why people seek out local food — freshness, taste, supporting small producers or seeking to know more about how their food is produced — are not included in a strictly geographic definition of local food.

**Several Canadian provinces** have local food definitions that provide specific criteria both for a minimum percentage of food ingredients which are provincially produced and for processing within the province:

- **BRITISH COLUMBIA:** To be eligible for *Buy B.C. Cost-Shared Funding* to promote B.C. agrifood and seafood food must be “grown in B.C. (i.e. producing fresh food, beverage, or agricultural and seafood products which are 100% grown, caught, or raised in B.C.), or processed in B.C. (i.e. food, beverage, or agricultural and seafood products which are processed and packaged in B.C. with 51% or more of the direct cost of production in its final form—the sum of raw materials, direct labour, variable processing, and packaging—originating in B.C.). When the main raw materials are available in sufficient quantities from B.C. producers, they must be used” (Investment Agriculture Foundation of B.C., n.d.).
- **QUEBEC:** *Aliments du Québec* (n.d.) are defined as “any product entirely made from ingredients sourced in Québec or composed of a minimum of 85% of main ingredients from Québec. All the processing and packaging activities must be done in Québec,” and processed foods (*Aliments préparés au Québec*) are considered to be “any product processed and packaged entirely in Québec. Thus, when the main

ingredients are available in Québec in sufficient quantities, they must be used” (Aliments du Québec, n.d.).

- **ONTARIO:** The Ontario Ministry of Agriculture and Rural Affairs Foodland Ontario definition (n.d.) is that Ontario processed food products must be made in Ontario from a majority of Ontario ingredients. More than 80% of the total direct costs of production must return to Ontario. Primary agricultural ingredients will meet the individual Ontario foods definition. For example, in “Ontario Beef and Vegetable Soup,” the primary ingredients (in this case beef and vegetables) would need to meet the individual Ontario food definitions.

#### **ALBERTA**

Alberta’s *Bill 7, Supporting Alberta’s Local Food Sector Act* (2018) defines “local foods” as agricultural products produced in Alberta, including forest or freshwater food, subject to any limitations in the regulations, processed in the province.

#### **MANITOBA**

Similarly, *Bill 4, The Farm and Food Awareness Act* (2015) includes a definition of “Manitoba food” meaning food that is grown, raised, produced or processed by individuals or businesses in Manitoba.

#### **NORTHERN CONTEXT**

In the northern context access to country foods is considered part of local food systems, for example, in Nunavut territory, Canadian agriculture programs focus primarily on access to country food.

## Local food promotion

Even without their own definitions of local, almost all provinces and territories have policies and programs that promote local food.

#### **ALBERTA**

Alberta’s *Bill 7, Supporting Alberta’s Local Food Sector Act* (2018) includes the establishment of a Local Food Council (Alberta Ministry of Agriculture and Forestry, n.d.) with the mandate to “provide a report to the minister, within one year, with advice and recommendations on provincial policies, programs, pilot projects or initiatives that will help grow and sustain the local food sector.”

#### **BRITISH COLUMBIA**

British Columbia’s *Buy B.C. Partnership Program* (Investment Agriculture Foundation of B.C., n.d) supports labelling/packaging with a Buy B.C. logo, marketing collateral and promotional tools, market development activities and media advertising.

#### **MANITOBA**

Manitoba’s *Bill 4, The Farm and Food Awareness Act* (2015) broadly supports food and farming in the province, such as its creation of Manitoba Farm and Food Awareness Week and Agricultural Awareness Day, and also enables the Minister to establish further goals to support the purpose of the Act.

#### **NEW BRUNSWICK**

*Buy New Brunswick* is an initiative of the N.B. Department of Agriculture, Aquaculture and Fisheries to “support and promote New Brunswick’s important farming, fishing and aquaculture sectors.” The *Local, Healthy N.B. Food Promotion and Purchase Policy* (AD1709) (N.B. Agriculture, Aquaculture, and Fisheries, 2014) commits the provincial government to,

where possible, promoting and purchasing local, healthy food and beverages for meetings and activities. Resources for meeting planners are provided to implement the policy, *Putting Health on the Agenda* (N.B. Social Development, n.d.).

## **NEWFOUNDLAND AND LABRADOR**

Newfoundland and Labrador's *The Way Forward on Agriculture: Sector Work Plan* (2017) seeks to achieve several targets such as to "[i]ncrease Newfoundland and Labrador's food self-sufficiency to at least 20 per cent by 2022 (from approximately 10 per cent at present)" (p. 2).

## **NOVA SCOTIA**

The Province of Nova Scotia's buy local program *Select Nova Scotia* "is responsible for promotions, partnerships and campaigns that raise consumer awareness about Nova Scotia food, food products and seafood; locally made goods; and locally owned and operated businesses" ("About Us", n.d.).

## **NUNAVUT**

*The Nunavut Food Security Strategy 2014-16* developed by the Nunavut Food Security Coalition (2014) in dialogue with seven government departments and numerous organizations is structured around six areas of strategic actions, including "Country Food, Store-Bought Food, Local Food Production, Life Skills, Programs and Community Initiative, as well as Policy and Legislation" in order to address the key determinants of food security (p. 5). Work is underway with the Nunavut Food Security Coalition to renew the Strategy. The Strategy observes that "[l]ocal food production goes beyond country food, and involves growing, harvesting, and distributing foods not traditionally produced in Nunavut. This requires innovation, but has the potential to enhance local availability of foods and increase self-reliance of communities. Other northern jurisdictions have demonstrated viable greenhouses, composting systems, farms, fisheries, and bakeries that may have similar success in Nunavut. The resourcefulness of people exploring new ways to grow food in Nunavut should be supported" (p.9). To this end the objective "Develop a 5-Year Plan for

Nunavut's *Growing Forward Program*" was identified (p.19).

## **NORTHWEST TERRITORIES**

*The Government of Northwest Territories Canadian Agricultural Partnership Program* (2018) includes funding for market development, food processing development, agricultural awareness and small-scale foods program which have relevance to health care facility purchasing, value chain development, and celebration of local foods.

## **ONTARIO**

Ontario's *Bill 36, Local Food Act* (2013) proclaims Local Food Week and enables the Minister to establish goals or targets to aspire to "1. Improving food literacy in respect of local food. 2. Encouraging increased use of local food by public sector organizations. 3. Increasing access to local food." Additionally, the long-running consumer promotion program *Foodland Ontario* "was established in 1977, and since then, has partnered with producers to champion, promote and support the consumption of fresh Ontario produce and processed agricultural foods" (Ontario Ministry of Agriculture, Food and Rural Affairs, n.d.).

## **PRINCE EDWARD ISLAND**

Prince Edward Island's *Canada's Food Island* "is the overall brand which acts as an identifying system for people to easily recognize PEI local food products."

## **QUEBEC**

Québec's *Aliments du Québec* and *Aliments préparés au Québec* brands were founded in 1996 to promote the agri-food industry and promote over 22,000 products across the province. The *Politique bioalimentaire 2018-2025* (MAPAQ, 2018), Quebec's policy on bio-food — which encompasses all activities associated with food production, from fisheries and aquaculture to processing and distribution of foods and beverages — includes amongst its objectives to increase homegrown food sales by \$10 billion by 2025, along with specific targets for organic food production.

## YUKON

The Government of Yukon's *Local Food Strategy for Yukon: Encouraging the Production and Consumption of Yukon-Grown Food 2016–2021* (2016) outlines a number of initiatives that “support local food producers and strengthen the relationship between Yukoners, Yukon farmers and food” (p.5) through strategic “production, processing, distribution, access and availability, consumption, and resource and waste recovery efforts” (p.7).

# Institutional local food procurement

Institutional local food procurement is a strategic priority for supporting a more vibrant agricultural sector in British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Ontario, Quebec and Yukon. Quebec includes sustainable food sector growth and procurement as a further priority.

Initiatives that promote getting more local food into public institutions include purchasing targets, marketing brands and support programs for producers to develop value chains to better access the institutional market.

## BRITISH COLUMBIA

British Columbia is the only province to have set an aspirational target for local food purchasing in hospitals. British Columbia's Minister of Agriculture's *2017 mandate letter* (Horgan, 2017) included a call to “Initiate Feed B.C. to increase the use of B.C.-grown and processed foods in hospitals, schools, and other government facilities” (p.3). The Minister of Agriculture, with the support of the Minister of Health, set an aspirational goal of 30% for B.C. local food purchases by public sector organizations, with the initial focus to be on health care facilities (Popham, 2018). Interior Health is a key partner in the first initiative of Feed B.C. currently underway in B.C.'s southern interior to bring more local food into hospitals and long-term care facilities (Province of B.C., n.d.).

## NEW BRUNSWICK

The *New Brunswick Local Food & Beverages Strategy* identifies an opportunity to “encourage procurement for local food in public institutions and promote agriculture in schools” (New Brunswick Department of Agriculture, Aquaculture and Fisheries, 2016, p.7).



## **NEWFOUNDLAND AND LABRADOR**

The Government of Newfoundland and Labrador has identified farm-to-health-care procurement as a strategic opportunity in *The Way Forward on Agriculture: Sector Work Plan (2017)* and is implementing a *Farm to Health Care Pilot Project* (Food First Newfoundland, 2018) with direct sourcing of local healthy foods in two regional health authorities to develop a scalable model.

## **NORTHWEST TERRITORIES**

Agriculture Strategy for the NWT. The Business of Food: A Food Production Plan 2017 - 2022 (Government of NWT, 2017) includes recommendation 6.6 related to institutional food procurement to “[d]evelop programs that give preference to the use of locally produced and processed food and secondary products,” as “[g]overnment institutions use significant quantities of food. Incorporating local foods can achieve many positive outcomes, industry growth and economic benefit” (p.34).

## **NOVA SCOTIA**

The Nova Scotia Health Authority has defined three rings of local food — Nova Scotia, the Maritimes and Canada — to categorize purchases from suppliers, and to report the percentage of overall local food purchased within the provincial health authority. In order to be classified as local, the NSHA uses the definition of produced and sold in Nova Scotia.

## **NUNAVUT**

In Nunavut work is ongoing to support country food procurement from experienced hunters, hunter and trapper organizations, and retail outlets that sell country food.

## **ONTARIO**

Ontario recently announced the local food public sector organization goal under the *Bill 36, Local Food Act (2013)* to be “removing red tape barriers and opening the door for local food in the broader public sector” (OMAFRA, 2019) and will support it by taking a number of steps including promoting best practices and reporting progress in its annual *Local Food Report*.

## **QUEBEC**

Quebec has a diversified policy portfolio. The *Stratégie de positionnement des aliments du Québec sur le marché institutionnel* (SPAQMI) (MAPAQ, 2013) encourages institutional local food procurement and the *Guide d'accès au marché institutionnel* (MAPAQ, 2014) is aimed at educating producers around market opportunities. The implementation of SPAQMI is supported by funding for institutional food projects including research into institutional food purchasing in different regions of Quebec, for example, *Diagnostic du marché institutionnel*, Région de Montréal (Conseil des Industries Bioalimentaires de l'Île de Montréal (CIBÎM), 2015). The *Aliments du Québec au Menu - Volet Institutionnel* (Aliments du Québec, n.d.) is a point-of-sale marketing initiative that identifies meals made with local ingredients that are served in schools, hospitals, long-term care and other institutions. In addition, the recent *Politique bioalimentaire 2018-2025* (MAPAQ, 2018) seeks to increase the procurement of healthy, local and sustainable food in public institutions.

## **YUKON**

The Government of Yukon's (2016) Local Food Strategy for Yukon identifies increasing government purchasing and use of local food through two activities: the development of a Yukon Government Local Food Policy which will require consideration of purchase of local foods for events, and requiring event organizers to “document the investigation and availability of local foods considered or used for an event” (p. 23); and also establishing a liaison between Yukon producers and government food purchasers.

## **NATIONAL FOOD POLICY**

The anticipated *Food Policy For Canada* holds potential as institutional food procurement was identified in the policy consultation report as a support for local food systems which would also contribute to food security and health (Minister of Agriculture and Agri-Food, 2018, p.17).

# Procurement

1

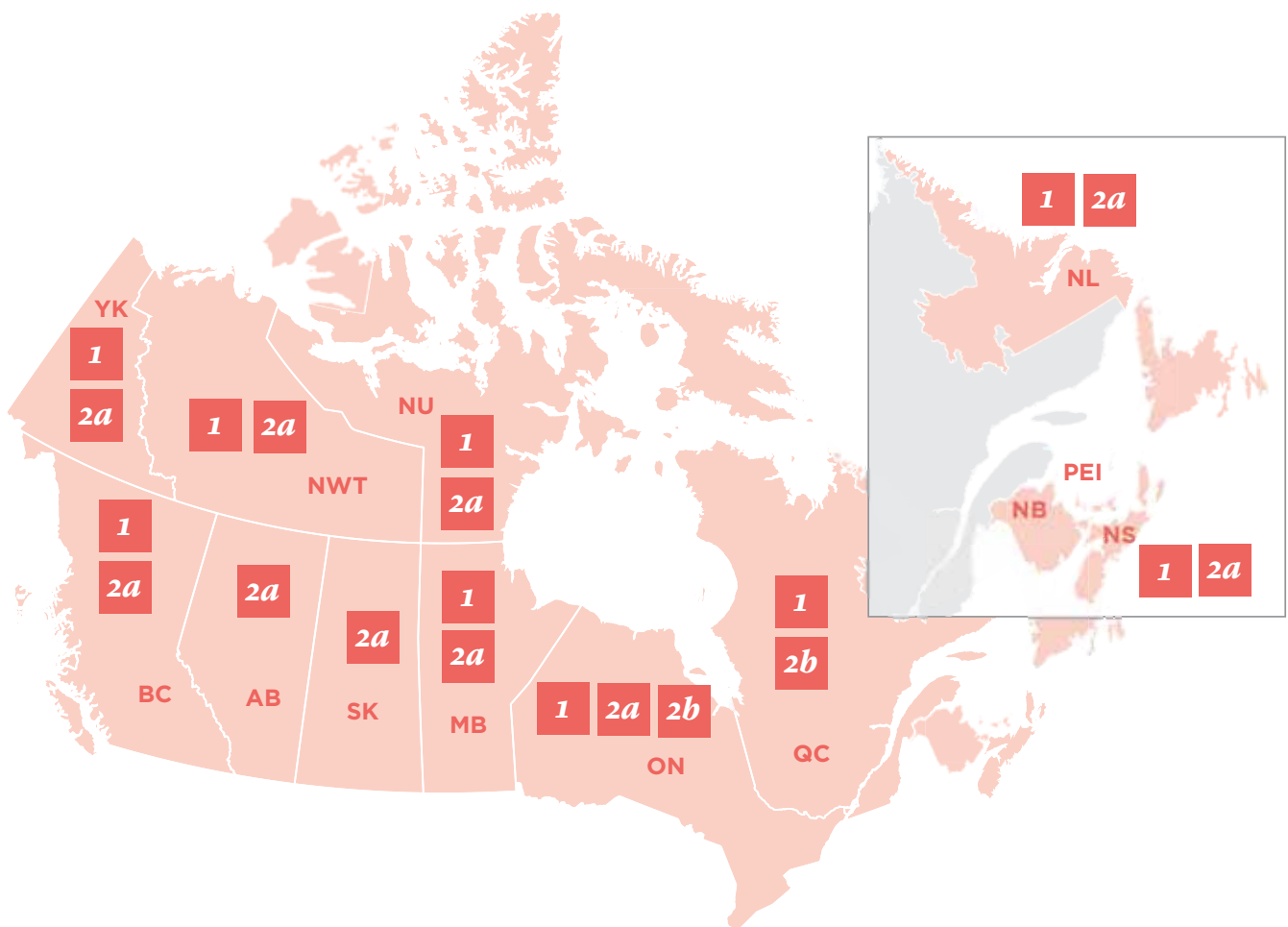
## Values-based procurement policies

Provinces/territories have values-based procurement policies towards varying social, economic, and environmental goals.

2

## Health care food purchasing via GPO

Health care institutions typically purchase food through national or regional Group Purchasing Organizations (GPO), corporate caterers or distributors. **2a** identifies the HealthPro GPO, **2b** identifies regional GPOs.



## DISCUSSION OF SCAN FINDINGS

# Procurement



Purchasing of goods and services by public sector institutions is governed by procurement policy and trade agreements. Policies such as the *Canadian Free Trade Agreement* (CFTA) (Internal Trade Secretariat, 2017) establish a framework for upholding the principles of open, fair and transparent trade for provincial/territorial government procurement. Taken together these policies guide public institutions in obtaining “best value” in bids and contracts for goods and services, typically evaluated by lowest cost.

However governments around the world are starting to rethink their current procurement practices to obtain better overall value from public spending. Best overall value can be assessed by looking at cost but also include the social, environmental and economic value that can be generated from procurement.

## Values-based procurement

A growing number of provinces/territories have identified more values-based procurement as a strategic opportunity to make positive social, sustainability and economic impact through a variety of policies and efforts. Additionally, policies in Quebec and Nova Scotia enable public sector purchasers to include sustainability criteria in their bid evaluations.

### BRITISH COLUMBIA

The *British Columbia Procurement Strategy 2018* (B.C. Ministry of Citizens’ Services, 2018) has an overall goal of best value and increased social benefit to British Columbians and includes a priority action for 2018/2019 of “publishing new social and environmental impact purchasing guidelines” (p.16).

### MANITOBA

The Sustainable Procurement Manitoba Working Group of public purchasers have created a website called *Sustainable Procurement in Manitoba* at <http://www.manitobasustainableprocurement.com/>

that provides practical knowledge to public purchasers. Additionally, the *Manitoba Finance Indigenous Procurement Initiative* (n.d.) seeks to increase the participation of Indigenous peoples and suppliers in providing goods and services to government by incorporating it into tenders, but this is not explicit to food.

## **NEWFOUNDLAND AND LABRADOR**

Newfoundland and Labrador's *Bill 46, An Act Respecting Procurement by Public Bodies* (2016) specifies that procurement can be directed toward social, economic and environmental priorities. The *Factsheet on Food and Catering Services in Buying Green! A Guide for Purchasing Environmentally Preferable Products* (Government of Newfoundland and Labrador, 2014, p. 109) outlines how sustainable food and green food ware can advance the government's strategic priorities.

## **NOVA SCOTIA**

Nova Scotia's Bill 146, Environmental Goals and Sustainable Prosperity Act (2007) aims to "fully integrate environmental sustainability and economic prosperity." Further, *Bill 23, Public Procurement Act* (2011) defines sustainable procurement as "obtaining best value for public service entities by integrating environmental, economic and social considerations in the procurement process."

Nova Scotia's *Sustainable Procurement Policy* (Government of Nova Scotia, 2016) states that:

"[I]n order to establish best value, bids may be evaluated not only on purchase price and life-cycle cost considerations, but also items such as environmental considerations, social considerations, delivery, servicing and the capacity of the bidder to meet other criteria as stated in the bid documents" (p.1).

## **NORTHWEST TERRITORIES**

The Government of Northwest Territories (NWT) *Business Incentive Policy* (2010) seeks to give preference of government procurement to businesses that are owned and operated within the NWT. Registered companies can receive a bid-adjustment, "the amount by which a tender or proposal bid is reduced for

the purpose of ranking bidders or proposers" (p.1) over non-registered companies. The bid-adjustment varies with the procurement threshold. For example, for contracts of more than \$25,000 and less than \$100,000, "[a] 15 % Bid Adjustment will be applied to the NWT Content. An additional 5 % Bid Adjustment will be applied to any Local Content" (p.10).

## **NUNAVUT**

The Government of Nunavut has an incentive policy "The Nunavummi Nangminiaqtunik Ikajuuti, or NNI, is a set of rules providing for preferential treatment in public procurement of Inuit firms, Nunavut businesses and contractors employing Inuit, local or Nunavut labour as set out in the Nunavummi Nangminiaqtunik Ikajuuti Regulations, R-023-2017".

## **ONTARIO**

*Ontario's Social Enterprise Strategy 2016-2021* included objectives to expand market opportunities for social enterprises through public sector procurement.

Ontario health care sector innovations in procurement processes while not explicit to food offer insights into the potential of more values-based procurement. *The Healthcare Sector Supply Chain Strategy Expert Panel* (2016) report "call[s] for a new business approach, a new philosophy and new competencies. In other jurisdictions, purchasing for outcomes, life-cycle or patient experience have been seen to generate significant results" (p.6).

## **QUEBEC**

Quebec's *Social Economy Act* recognizes and promotes the social economy as a lever for development, which can be broadly understood as:

"Social economy" means all the economic activities with a social purpose carried out by enterprises whose activities consist, in particular, in the sale or exchange of goods or services" (Chantier de l'économie sociale).

Quebec's *Bill 17, An Act respecting contracting by public bodies* (2006) permits a preferential

margin for sustainability for bid evaluations of sustainable goods and services under the \$100,000 procurement threshold. A 10% bid adjustment can be used when comparing bids for best value.- However, this margin cannot be used in every context - depending on the threshold of the procurement or the criteria used to incorporate sustainability, different rules may apply.

## **YUKON**

The *Yukon Business Incentive Program* (BIP) (Yukon Energy, Mines and Resources, n.d.) provides “competitive pricing opportunities to Yukon businesses supplying goods or services to the government. There are rebates available under the BIP for the procurement of some food products, however only contracts for goods that go to public tender are eligible to qualify to BIP. Each department has the discretion to decide whether a contract for goods under \$25,000 goes to public tender.”

# Health care food purchasing

Health care procurement is unique in that most hospitals, and many long-term care facilities, typically participate as members of a Group Purchasing Organization (GPO) for all types of products, from medical supplies to equipment and food. The GPO pools the purchasing volumes of its member facilities and negotiates with suppliers to get better volume pricing, and members also typically receive additional annual volume rebates. US research, applicable in the Canadian context, estimates that food typically represents less than 6% of an acute care facility’s overall contracted expenditures with a GPO (Klein, 2015). Health care facilities may have an 80/20 purchasing clause with their GPO which reserves their “right to purchase 20% of its goods and services from vendors not listed in the GPO contract(s) for all food categories under contract” (Golden Horseshoe Food and Farming Alliance, 2018, p. 5). Fresh produce is often not included and instead is purchased “off contract,” with facilities themselves purchasing directly from distributors/suppliers.

Important context for understanding health care food purchasing relates to the food supply chain and food service operations.

## ***How food moves from field to tray***

The institutional food supply chain flows from field to institution — producers and growers sell to manufacturers, wholesalers, regional distributors, who in turn sell to broadline distributors.

Purchasing pathways for food hinge on whether health care food services are self-operated or are contracted out to a food service management company (Reynolds & Hunter, 2017, p.5).

The three largest food service management companies in Canada are Compass (parent company of Morrison, which provides services for health care facilities), Sodexo and Aramark. Typically if an institution has contracted one of these companies to manage its food services the contract also includes requirements for sourcing food from the caterer's preferred suppliers.

Self-operated food services are managed by staff from the health care institution, and food purchasing can be done through public procurement processes to develop contracts with suppliers or through a group purchasing organizations. Across Canada an estimated 78% of health care facilities self-operate their food services (Saskatchewan Grocery Retail and Foodservice Value Chain Initiative, 2017, p.8).

In hospital budgets, food services are separate from clinical services. Purchasing decisions are tightly linked to budgets, and are forecasted factoring in the lower pricing offered by the broadline supply chain (compared with alternative food sources). Food service operations have become reliant on broadline distribution which offer one-stop shopping, low food inventory and volume discounts. Many food service operations also rely on outsourced meals and processed ingredients. Requirements for food safety traceability, insurance, federal meat inspection, large volumes and nutritional labeling are typical barriers for small- and medium-sized local producers selling to broadline distributors, group purchasing organizations or through direct contracts with hospitals (Reynolds & Hunter, 2017).

### **GROUP PURCHASING ORGANIZATIONS**

The scan identified participation by health authorities in the two different GPO models in Canada, regional and national. Only Ontario and Quebec have regional GPOs: MEALSource is a GPO of 30+ health care facilities in southwest Ontario, and three GPOs cover Quebec—Sigma Santé, GACEQ, GAQOuest. The rest of the health care purchasing volume across Canada flows through national GPOs:

HealthPro, MedBuy and those of corporate caterers. Provinces which are restructuring their health care systems, such as Saskatchewan and Ontario, look to also be reassessing their procurement structures in the coming months.

The regional GPOs in Ontario and Quebec are working toward more local, sustainable food purchasing.

### **ONTARIO**

In Ontario, MEALSource continues to innovate in meeting its health care facility member goals to increase their local food sourcing. For example, *Farm to Institution: The power of public sector purchasing* (Lapalme, 2015) offers a case study of how MEALSource switched its evaluation rubric to an RFP to source meat products. To evaluate bids, they assessed the cost per gram of protein rather than cost per serving as a more useful measure of product quality and thus its best value to members.

### **QUEBEC**

The three groupes d'approvisionnement (GPOs) in Quebec, in collaboration with the Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de l'Agriculture, Pêcheries et Alimentation (MAPAQ), are undertaking a project to support sustainable food procurement by health and social services organizations, the *Projet d'approvisionnement alimentaire responsable du réseau de la santé et des services sociaux* (RSSS) du Québec. Efforts to date include a portrait and diagnostic of sustainable food procurement in the network of health and social services (Le réseau de la santé et des services sociaux (RSSS)), identifying sustainable development issues for four food categories (fresh fruits and vegetables; meats, poultry and fish; dairy products; bakery products) and leading pilot projects.





McConnell

