

Healthy Food Choices at Capital Health

Citizen-Stakeholder Reference Group Report

September 2009



Introduction

The Healthy Food Citizen-Stakeholder Reference Group grew out of many years of discussion about Capital Health's role in promoting overall health and wellness of the population in the context of the food choices it provides through its public restaurant, retail and vending services.

In recent years a number of things happened to force the issue of healthy food and healthy eating to the forefront within Capital Health:

- A new strategic plan, Our Promise, was adopted by the organization. This plan placed greater emphasis on balancing the health care and wellness mandates of Capital Health. It brought Capital Health's role as a health and wellness leader into greater focus, and introduced a broad notion of sustainability into the strategic directions of the district.
- Public attention was focused on the unhealthy food served in Capital Health's restaurants by health professionals in the news media.
- Concern over deficits in food service operations.
- A review of Capital Health's Healthy Eating programs and position statement was underway.

- Leaders within Capital Health began advocating for changes to retail, restaurant and vending services that better reflected the new direction of the organization.

Capital Health was challenged to make decisions about fundamental changes:

- to align the food it sold in its facilities with its health promotion mandate
- to ensure the way it provided restaurant, retail and vending services was viable

In response, the Reference Group process was created to engage citizens and stakeholders in the question, "how must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health-promoting organization?" Through a rapid cycle process, the Group examined the history and background data and current issues, engaged citizens and stakeholders, and formulated decisions that Capital Health committed to implement.

Discussion Themes

- ***Is "healthy food choices only" even an option if fiscal responsibility is a parameter to consider by this group?***

This issue was debated on many occasions with the following resolution: the committee was not mandated to find ways to "make it happen" and although the final decision was not solely based on the fear of going further into debt, fiscal responsibility was a concern for the members. The final decision was based on what would be the "right thing to do."

- ***Does the "Citizen-Stakeholder Reference Group" give Capital Health credibility?***

The concern was, "are we (i.e. the reference group) going to be used as scapegoats if a decision is made and it doesn't come to realization?" The core team responded to this question with the following answer: This reference group is a prototype and it is not intended to create credibility but engage citizens in the decision making process. The reference group is not for lobbying or pressure to gain financial support for retail food services.



For more information, please contact:
Bonnie Conrad, Co-lead
Healthy Eating Strategy
(902) 473-3743
bonnie.conrad@
cdha.nshealth.ca

Discussion Themes

- **Pricing of food is a concern.**

Not only is it evident that pricing of food needs to offset the deficit, food security must be considered. For example, lower income people and visiting families away from home for extended periods. Consider service delivery issues such as portion sizes, hours of operation, etc.

- **What is a healthy food?**

The group decided that it is already defined within Canada's Food Guide but could use some flexibility. The most "unhealthy foods" were discussed and believed to be fried foods and "pop." There was much discussion over whether or not to serve coffee/tea and the sugar and cream that often goes with it. Would Tim Hortons have to go if food services became 100% healthy-only; would they serve only coffee/tea without the other products? What about salad dressings and those other foods that are perceived to make healthier foods more palatable (like condiments and salad dressings)? Consider also local foods and what other organizations are doing.

- **Capital Health needs to be a leader.**

We could be leading other district health authorities with this decision. The general consensus was that healthy food is important and we can access champions to support healthy lifestyle choices. The group agreed that it is more than healthy food choices, it is creating supportive environments for healthy living.

The Decisions

- Phase out all unhealthy food over a two year period beginning with deep fried foods in July 2009.
- Offer food and beverages that are consistent with Canada's Food Guide but recognize that there needs to be some flexibility to allow for condiments (such as sugar for coffee/tea; dressing for salads, etc.). Capital Health should look to the Nova Scotia School Food and Nutrition Policy for guidance in this area.

- Continue to offer coffee and tea.
- Maintain food service (i.e. hours, staff, menu) as much as possible.
- Capital Health must engage its own experts on food security to help it address the issues related to the retail food services in its facilities.
- Capital Health needs to emphasize the benefits of healthy eating through promotion, education and awareness.
- The Healthy Food Citizen-Stakeholder Reference Group can be a mechanism of accountability for Capital Health by ensuring that directions, milestones and time frames are met.
- Capital Health must bring its own health care professionals on board as key champions to support healthy food (such as Cardiology, the Community Health Teams, and others), and to help communicate policy changes and the action plans that result.
- Capital Health must use its marketing and communication expertise to promote healthy food and healthy eating changes.
- Capital Health should use local food suppliers as much as possible in its food services.

Capital Health Response

The Capital Health Leadership Enabling Team (LET) agrees in principle with the approach to healthy food that the Reference Group has put forward for implementation. The decisions made by the Reference Group (see above) will inform the implementation work of the Retail Food Task Force in the development of a new business model for retail food.

LET acknowledges business and operational realities that affect how the work of the Reference Group gets implemented by Capital Health. The Retail Food Task Force will integrate the following considerations in its work:

- **Financial responsibility and viability:** The decisions of the Reference Group will materially affect the ability of Capital Health to achieve a zero deficit in retail food through potential lost revenue streams (at least in the short term) and sponsorship revenue to Capital Health hospital foundations. These impacts will need to be carefully managed in the transition to healthy food. The Department of Health has a long-standing policy about Retail Food Services which states: "Cafeteria operations will be able to retain any surplus associated with these operations and will also be responsible for any shortfall that may result." In 2008/09, retail food at Capital Health ended the year approximately \$916,619 in deficit. The 2009/10 Business Plan includes balancing the retail food operations to augment patient care funding in the current fiscal year.
- **Legal and operational obligations:** The decisions of the Reference Group may impact a number of contracts (labour, vending, franchise). There are processes in place to negotiate contracts, and Capital Health must honour both the processes and time lines in good faith.
- **Achieve balance between "business" and "service" obligations:** Capital Health has said that retail food service, particularly restaurant services, must provide a reasonable level of access food for patients, visitors and staff, and it must do so in a break-even position (i.e. must not run a deficit).
- **Adequate time to research and pilot initiatives that support the health food direction:** There must be realistic time frames to make these kinds of significant paradigm shifts. Preliminary research prepared for the Retail Food Task Force has not identified any existing, viable business models for healthy food-only retail food service operations.

This means that appropriate time and effort will need to be allocated to create and test new ways of providing service. In addition, honouring contractual obligations and replacing lost revenue streams will require time, negotiation and compromise. The two-year implementation time line identified by the Reference Group in their decision may not give Capital Health enough time to make the significant changes that are being asked of it.

As a gesture of intent and good faith, Capital Health is removing deep fried food from its restaurant menus as of August 31, 2009. The July deadline requested in the decision of the Reference Group was neither manageable nor achievable for Capital Health for a number of reasons.

Under the leadership of the vice president, Sustainability and Chief Financial Officer and the director of Business Development, a preliminary analysis has been prepared for review and discussion by the Task Force. The analysis includes a review of the revenues and expenses by source and site, levels of services, contracts, technology, equipment, safety and space, with a three-fold focus of:

- 1) implementing the decisions from the Healthy Food Citizen Reference Group
- 2) creating a financially sustainable service without a deficit
- 3) adopting best practices to achieve objectives

Options will be presented to the Task Force for review and discussion, and it will prepare a recommendation to LET.

Retail Food Task Force Composition

- Healthy Food Citizen-Stakeholder Reference Group Representatives
- Director, Business Development
- NSGEU Union Representatives
- Compass Canada Representatives
- People Services Leadership
- Food Services Employee
- Partners for Care Board Member
- Business Development Manager
- Financial Services Leadership
- District Medical Officer of Health
- Health Promotion and Protection Representatives
- VP Sustainability and CFO – Host

Reporting and Timelines

The Task Force will report to LET in the Fall 2009 with a recommended business plan and associated implementation time frame. A two-day working session is being planned for September.

About the Reference Group

A core team of Capital Health staff led the development of the Healthy Food Citizen-Stakeholder Reference Group process:

- Vice president (support services)
- Medical Officer of Health
- Director of Food and Nutrition Services
- Workplace Health and Development Consultant
- Citizen Engagement Advisor
- Transformation Networking Team
- Partners for Care

Key Questions addressed by the Reference Group:

- How must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health-promoting organization?
- What service changes do we need to make to align food/retail service with healthy food choice policy?

Key assumptions or non-negotiables factored into the process:

- The status quo was not an option. Action was needed around both healthy food and budget pressures facing the restaurant services.
- Capital Health acknowledged its obligation to provide some public food service in its facilities.
- To the extent possible services will be consistent across sites, as well as allowing for localized preferences.
- All information pertinent to the questions would be made available in an objective and transparent fashion by Capital Health.
- The implementation of a healthy food policy and changes to retail and restaurant services would begin in 2009-10.

- Capital Health committed to implement the policy directions that were decided by this process.

Methodology:

- A hybrid methodology based on several engagement processes and techniques (Citizen Jury, Advisory Committee, deliberative process).
- The reference group was structured to ensure representation from all primary perspectives and stakeholders, particularly citizens. The Group was comprised of five citizens and four stakeholders, and supported by the core team and facilitation from the Transformation Networking Team.
- A consensus decision making framework was used as the decision-making approach, although a majority vote decision-making process was in place as a back-up in the event of an impasse. This was done to ensure that the issue continued to advance.
- The background issues document to brief Reference Group members and to inform and educate the public was prepared using a deliberative approach. This model was chosen because of the number and complexity of the issues surrounding the healthy food discussion at Capital Health, to ensure that the multiple perspectives were fairly represented, and to capture all of the data relevant to the discussion. The purpose and intent of this style of deliberative document is to present the many issues and perspectives on the issue, and to do so in a thoughtful and provocative fashion as a way of stimulating reaction and discussion.
- A broad spectrum of data and experience contributed to the development of the issue brief and other background material.
- The Reference Group held seven two and a half hour meetings over a six week period. These deliberations included citizen and stakeholder written submissions and in-person presentations, review of service user survey results to the group, and other background documents.

Background and Resources

Issue Document: Healthy Food Choices at Capital Health

The issue document was a collation of issues gathered from many people over the past five or six years. It presents the many sides of this issue and permits readers to decide for themselves what advice to give Capital Health on a new healthy food policy. A cross-section of stakeholders reviewed the content of the issues document, offered feedback, and endorsed the many perspectives and topics covered in the brief.

Working Definition of Healthy Food:

A healthy food is any food or drink that has nutrients to support growth, development and maintenance of overall health. There is no single food or drink that can do this. Enjoying a variety of different foods, as well as practicing balance and moderation, is important in achieving health and vitality. Canada's Food Guide provides direction around healthy food choices.

Summary of Key Points:

Issue 1: Capital Health must change the food it serves to staff and visitors to reflect its health promotion role.

- As a health and wellness organization Capital Health should not be selling unhealthy food.
- There should be freedom of choice about food and nutrition, and the health care system should not be dictating those choices.
- People need better education and information to make better choices about food.
- Capital Health cannot afford to subsidize the cost of food.

Issue 2: Capital Health must provide some level of food service in its hospitals and health centers.

- Capital Health has a responsibility to make sure the families and visitors of our patients have some access to food.
- Staff are sometimes challenged around healthy eating due to availability of food and staff schedules.
- There are significant costs involved in providing 24-hour access to food services and Capital Health cannot afford to subsidize food service operations.



Issue 3: Capital Health receives revenues from retail and vending food and beverage services.

- Revenues: \$369,000 in annual revenues from snack foods in retail stores; substantial annual "rights fees" from the beverage contract; \$77,000 annual revenue in commissions from beverage and vending contracts; \$2.1 million annual revenue from Tim Hortons; \$518,000 annual revenue (07-08) from fried food items in restaurants.
- Many foods and beverages currently sold may not fit with a healthy food-only policy.
- Many fresh, natural food choices have higher costs, shorter shelf-life, and there are fewer vending options.

Issue 4: Capital Health's restaurant, retail and vending food services must not lose money.

- Projected 2008/09 deficit for restaurant services: \$900,000 on sales of \$6.4 million.
- Addressing the deficit will require increasing revenues, or significantly reducing cost.
- Labour costs for Capital Health's restaurants account for 60% of revenues.
- Capital Health recognizes the link between good health and livable incomes.

Issue 5: Healthy food choices should be consistent at all Capital Health sites, reflecting local preferences and respect a variety of ethnic and cultural needs.

- People working in and visiting Capital Health facilities should know what food and eating choices are available.
- Local needs and preferences should be taken into consideration as much as possible in defining food services and choices.
- It may not be economically viable to offer a diverse range of foods in our restaurants, retail and vending services.



Service User Survey Results

Eighty-nine individuals from throughout the district responded to a brief survey that was provided with the Issues Brief document. Following is a summary of the data collected.

How often do you buy food or drinks from a restaurant, retail store or vending machine at a Capital Health hospital or health center?

Frequently	27%
Sometimes	37%
Rarely	34%
Never	2%



When I buy food or drinks, I make my choices based on (select all that apply):

High quality	43%
Low cost	47%
Health, nutrition value	94%
Convenience	43%
Comfort	8%
Flavour	36%
Freshness	57%

Themes from qualitative feedback

- Cost of food/subsidize the food
- Choice
- Increase education about healthy food/eating
- Eliminate packaged foods
- Eliminate unhealthy food
- Promote healthy food/eating practices
- Improve healthy choices/selections
- Increase the quality of healthy options
- Provide leadership
- Make foods served/menus consistent with Canada's Food Guide
- Change the business model
- Increase use of local, sustainable food
- Use only fair trade coffees and teas
- Provide staff incentives (cost, line-ups, etc)
- Consumer promotions and incentives
- Food access and availability
- Decrease portion sizes

Frequency of themes:

How must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health promoting organization?

- improve healthy choices/selections (62 respondents)
- cost/subsidize (40 respondents)
- increase use of local, sustainable food (38 respondents)
- change the business model (25 respondents)
- provide leadership (13 respondents)
- food access and availability (11 respondents)
- choice (9 respondents)
- increase education about healthy food/eating (9 respondents)

Additional Background Resource Materials Provided to the Reference Group

- Healthy Eating Position Statement, Capital Health (June 2005)
- Healthy Choices at Capital Health (March 2006, revised April 2007)
- Focus Group Report, Capital Health Healthy Eating Initiative (April 2006)
- Healthy Eating Strategy, Capital Health (June 2006)
- Eating Well with Canada's Food Guide, Government of Canada (2007)
- Progress Report, Healthy Choice: Healthy Eating Strategy for Capital Health (June 2008)
- Healthy Eating Nova Scotia Strategy, NS Department of Health Promotion and Protection (2005)
- What's in Store for Canada's Health, Heart and Stroke Foundation
- Food and Nutrition in Nova Scotia Schools, NS Department of Health Promotion and Protection (2006)



Presentations

The Reference Group identified a number of key interests it wished to hear from to inform deliberations on the decision question. The following are key-point summaries from these presentations.

Organization	Presenter	Key Points
Food Action Committee, Ecology Action centre	Marla MacLeod	<ul style="list-style-type: none"> • A more local based diet benefits communities socially, economically and environmentally • Examples of organizations who purchase locally: Kaiser Permanente, London Hospital, Yale University • Recommends buying and offering more local foods because of potential to model good nutrition and influence how food is produced and distributed
Canada Research Chair in Health Services Research, Dalhousie University	Sara Kirk & Jessie-Lee Langille	<ul style="list-style-type: none"> • “Hospitals” have a dual role, as a workplace for staff and as an institution for patients, and at the very least should not be supporting an obesogenic environment • Example given of an organization who reduced medical costs by implementing a Wellness Advantage Program: Baptist Health • Recommends only healthy choices for policy direction, recognizing that informed choices and limited unhealthy options is a step in the right direction
Halifax Regional School Board	Janice Silver	<ul style="list-style-type: none"> • All schools in the Halifax Regional Municipality abide by the NS School Food Policy • Three years was given to implement the NS school food policy, starting with eliminating deep fat fryers and then “pop” • The school supports healthy eating and active living and are components of the curriculum and is role modelled • Is it more important to make money or contribute to the health of the community • Recommends Capital Health to echo the NS School Food Policy
Morrison, Capital Health	Greg Bayne	<ul style="list-style-type: none"> • Restaurant services at CH have made adjustments and implemented new programs as they move towards the “informed food choice” option • Examples on how to reduce deficit: price increase, lower wages and benefits, consolidate and closures of food outlets in low volume areas • Recommends choice, promoting healthy food options with support to help consumers make informed choices
Pepsi Bottling Group	Steve Chaisson	<ul style="list-style-type: none"> • A natural progression is occurring with increasing sales on non-carbonated beverages (not necessarily healthy choices) and reducing sales of “pop” • Pepsi has worked with a number of organizations with “healthy choices” policies and some results have not been good (alienating stakeholders and deficits) • Recommends a balanced cold beverage system (i.e. choice, promoting the healthier choices and offering a higher percentage of “healthy choices” in units)
Cardiovascular Health, Capital Health	Wanda Firth & Gillian Yates	<ul style="list-style-type: none"> • Obesity is the new smoking • Promote good nutrition by following Canada’s Food Guide and labelling all products sold • Lead by example and practice what we preach • Implement NS School Food Policy, starting with removing the deep fryer • Recommend healthy choices only, although they acknowledge that reducing unhealthier food choices is a start
Food Costing Project – Public Health, Mount Saint Vincent University	Rita MacAulay/ Becca Green	<ul style="list-style-type: none"> • Food security is when all people, at all times, have economic and physical access to nutritious, safe, personally acceptable and culturally appropriate foods, and that the food supply is procured, produced and distributed in ways that are sustainable, environmentally sound and socially just. • Food security is a key social determinant of health and one of the four priority areas in Healthy Eating Nova Scotia • Recommends that any Capital Health healthy eating policy consider a food security lens, specifically buy local and offer good wages

Organization	Presenter	Key Points
Health Promotion & Protection, Public Health	Michelle Murton and Amy MacDonald	<ul style="list-style-type: none"> • Healthy eating policy is necessary to create supportive environments, make healthy choices easier, shift cultural norms, reduce healthcare costs (population level action). Information/education and willpower are necessary but insufficient and ineffective on their own (Individual action) • Hospitals are role models and offering unhealthy food and drink undermines messages linking poor diet with disease and obesity <p>Examples of hospital initiatives for CH to investigate :</p> <p>http://www.healthyhospital.org , http://www.noharm.org/us/food/resources , http://www.pcrm.org/health/reports/hospital_food05/recommendations.html , http://www.noharm.org/details.cfm?ID=1052&type=document , http://departments.oxy.edu/uepi/cf/f2h.htm</p> <ul style="list-style-type: none"> • Recommends healthy choices only based on Canada's Food Guide with nutrition criteria and phase in over time (i.e. NS School Food Policy)
Food Safety Educator NS Department of Agriculture	Gary Moulton	<ul style="list-style-type: none"> • An operator must ensure that all food in their food establishment is obtained from a source that is subject to inspection or is food that is exempted by these regulations (such as fresh, whole, unprocessed fruit and vegetables) • Did not offer a recommendation re: 100% healthy food choices or informed choices – did indicate that regardless of what the policy is, foods are subject to the same food safety regulations
Nova Scotia Government Employee's Union	Bill McKiggan	<ul style="list-style-type: none"> • Why is different criteria set for patients than staff (in-patient food is funded, while staff is not)? • Staff inform him that they do not have enough time to eat, the food is too expensive and they don't have enough choice • Recommends to make all food from scratch, to avoid contracting food management companies, ask the staff what they want

Written Submissions

In addition to formal presentations, stakeholders and interested groups and individuals were invited to submit written briefs to the Reference Group for consideration. Following is a key-point summary of the written submissions.

Organization	Presenter	Key Points
Community Health, Capital Health	Carol Hindle on behalf of entire Community Health team	<ul style="list-style-type: none"> • CH should lead by example • Tim Hortons should not sell donuts; try Pete's Frootique, smoothies • Replace Tim Hortons with "Just Us" or other fair trade coffee • More access to healthier food at a lower price • Increase cost of unhealthy foods
Eating Disorder Team, Capital Health	Katherine Warren, Jennifer Grant Moore, Tanya Hamilton, Yvette Scattolon	<ul style="list-style-type: none"> • All food can be part of healthy diet and lifestyle, must consider what "normal" eating is, and it is not restrictive • Have a fresh salad bar, like Pete's Frootique • Healthy and sensible teaching and example needs to be promoted • Health comes from treating the whole person, not just what they are eating • Recommends informed food choices
Partners for Care/ Connections Clubhouse	Brian Rankine, Nancy Beck (submitted on their behalf by Mike McKenzie)	<ul style="list-style-type: none"> • Submission highlights a business plan for the 'Mindful Mango', a social enterprise in the retail food sector • Proposal provides a service delivery model to encompass the concept of being mindful: • Mindful of what we eat, mindful of the source of our food and coffee. Purchasing fair trade, organic and local as much as possible • Mindful of our impact on the environment (in our packaging, attention to waste etc., use of actual plates and cutlery etc.) • Mindful of creating businesses that promote inclusion of persons with mental illness
NS Health Promotion and Protection	Robert Strang	<ul style="list-style-type: none"> • Comparable to the right to access publicly funded healthcare, employees, patients, and their families should expect accessible, affordable, healthy foods in Capital Health facilities. • The arguments presented related to fiscal deficit are reminiscent of those of the tobacco industry made during the last 15 years of our collective efforts to create tobacco-free environments. • Recommend to build on the successes of the NS School Food Policy and Healthy Eating Nova Scotia



For more information about the Citizen-Stakeholder Reference Group or the Healthy Food Choices Policy, please contact:

Jane Pryor
Director, Food and Nutrition Services
(902) 473-2205
jane.pryor@cdha.nshealth.ca

Bonnie Conrad
Healthy Workplace
Co-lead, Healthy Eating Strategy
(902) 473-3743
bonnie.conrad@cdha.nshealth.ca

Healthy Food Reference Group members:

Bessie Bain
Anne Brine
Jessica Budgell
Gregg Curwin
David Fudge
Bill Georgina
Tamara Himmelman
Darrell Johnson
Laura Smith

