



# NATIONAL ACADEMY OF MEDICINE

## NAM Incorporating Sustainable Food Practices Webinar Unperfected Transcript

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00:00:19.940 --> 00:00:25.290

John Stoddard: Welcome everyone. We're just gonna give it a minute to let folks join.

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00:00:42.870 --> 00:00:43.760

John Stoddard: Okay?

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00:00:44.120 --> 00:00:56.720

John Stoddard: Well, hello and welcome to incorporating sustainable food practices. Part of the National Academy of Medicine's Climate Collaboratives Building momentum to act on Healthcare Decarbonization Webinar Series.

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00:00:57.240 --> 00:01:05.760

John Stoddard: I'm John Stoddard, Associate Director of Food and Climate Solutions for the global nonprofit healthcare without harm. I will be your moderator today.

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00:01:06.990 --> 00:01:20.430

John Stoddard: Healthcare without harm seeks to transform the healthcare sector worldwide so that it reduces its environmental impact becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice

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00:01:20.730 --> 00:01:47.179

John Stoddard: healthcare without harm's powerful network built over the last 3 decades is working to transform the health sector, ensuring it can balance the immediate needs for mitigation, resilience, and equity made bare by the climate crisis. While serving as a leader in the broader shift to a just low carbon economy. To this end we support healthcare over the breadth of their operations through our membership organization practice, green health

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00:01:47.230 --> 00:01:55.109

John Stoddard: with programs and expertise in buildings, chemicals, energy procurement, food service and more.

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00:01:55.330 --> 00:02:12.310

John Stoddard: As one example, our plant forward future program and the cool food pledge have helped over 140 hospitals reduce their greenhouse gas impact from food by over 20% with some individual hospitals achieving reductions as high as 50%.



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00:02:14.030 --> 00:02:18.040

John Stoddard: Investing in our food system is an investment in a resilient future.

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00:02:21.050 --> 00:02:32.280

John Stoddard: There are, there are multiple actions. Hospitals can take through their food service that can protect soils, air and waterways provide opportunities to underserved populations and reduce their climate impact.

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00:02:32.880 --> 00:02:39.700

John Stoddard: The healthcare community is understanding that food truly is medicine for individuals, communities, and the planet.

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00:02:40.440 --> 00:02:58.939

John Stoddard: In this session you will hear from 3 experts in the field that will show how their health systems are meeting their health community and environmental goals through their food service. Diane Emery will discuss how University of Vermont Medical Center's commitment to local food

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00:02:59.140 --> 00:03:09.950

John Stoddard: led them beyond the ordering platform and into the community to make direct partnerships with farmers and to build markets through forward contracts and direct communication of their demand.

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00:03:10.050 --> 00:03:31.619

John Stoddard: Reshma Gupta will share how regional partnerships, transparency of food, sourcing and environmental sustainability guide, Uc. Davis, Health's efforts to distribute medically tailored meals to the community and the operation of their internal food service, and finally, and Utech will share how the veterans admission.

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00:03:32.060 --> 00:03:46.610

John Stoddard: administration, nutrition and food service model of integrated clinical nutrition and food operations is key to supporting multiple aspects of nutrition. Care for veterans. So with that, I'll pass it over to Diane Emery.

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00:03:47.600 --> 00:04:16.080



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Diane Imrie: Great. Thank you so much, John, and thank you for having me here today. So I'm currently the Director of Sustainability for the Uvm health network. And that's 3 hospitals in Vermont and 3 in Northern New York. But prior to that I was the director of Nutrition services at Uvm Medical center for many years. And it's that experience that I'll be sharing with you today. And so when I think about our history, we have for 15 years plus

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00:04:16.079 --> 00:04:22.230

Diane Imrie: been buying about 30 to 40% of our food regionally. So within 250 miles.

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00:04:22.380 --> 00:04:34.219

Diane Imrie: and that started as just a local food commitment, but has evolved over the years to truly what I think of as farm partnerships. And so it's those stories that I'll be focusing on today.

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00:04:34.693 --> 00:05:00.919

Diane Imrie: So we originally started having farm meetings, usually in January, with the majority of our farms that we were buying from, and those conversations really transitioned from what can we buy from you to how can we help you strengthen your business? And what added value can we provide to you as well rather than just a transactional discussion. So the 1st

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00:05:00.920 --> 00:05:17.480

Diane Imrie: story is my favorite. And so I'm going to talk to you about Jericho Sellers Farm. They are a large vegetable farm, very close to the hospital. We've been buying from them for many years, and we were opening a new cafe and really wanted to buy greens from them.

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00:05:17.750 --> 00:05:41.569

Diane Imrie: both, increasing our purchase, but also we really wanted greens later into the season. So we asked them about that during our farm meeting, and they were so hesitant and I couldn't understand why they couldn't sell us more. So we leaned into the conversation and found out that they were at capacity in their current greenhouse, and simply couldn't afford to buy a new one, even though they wanted the business.

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00:05:41.630 --> 00:05:58.399

Diane Imrie: So instead of accepting that, we leaned in and we paid them \$30,000 upfront late that winter, and during the summer and fall and following winter season they supplied us greens



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00:05:58.590 --> 00:06:25.680

Diane Imrie: at about a 2% discount until they were paid off for the greenhouse, so that was a really creative way to help them increase their capacity. And then we did a very similar thing when they needed a greens washer. They were able to get a Federal grant, but they had no match, and so the match was \$17,000 that they needed. So we recreated the same system, and that not only allowed us to secure

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00:06:25.720 --> 00:06:32.179

Diane Imrie: fabulous produce, but it increased the capacity that they could sell to others, and also the food safety.

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00:06:32.920 --> 00:07:01.120

Diane Imrie: So our second story is Maple Wind Farm. For many, many years it's just been almost impossible to get sustainable poultry, especially locally. It's a very limited market in Vermont. And so during one of our farm meetings, we were asking our farmers to know anyone, and so we did get a recommendation. We reached out to Maple Wind Farm. This is back almost 10 years ago, and that 1st season we did buy poultry from them.

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00:07:01.590 --> 00:07:05.369

Diane Imrie: but realized that the price point was just too high for us.

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00:07:05.500 --> 00:07:16.340

Diane Imrie: So the next year, when we met with them, we wanted to buy more from them, but we had to negotiate a price, and we could not come to an agreement. It was just simply too much for a budget.

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00:07:16.420 --> 00:07:40.999

Diane Imrie: So instead, again, instead of just leaving it there. We also leaned into this conversation and found out that what they really needed was cash upfront in the spring. That is the time of the year that they're most deficient in cash, and that's also the same time of year that they need to pay for all of their chicks for that season, and so we did a pre-purchase, and we

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00:07:41.000 --> 00:07:51.439

Diane Imrie: bought. I think it was again \$30,000, 35. We forwarded them that cash. They secured all of their chicks for the season at a lower price, which helped

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00:07:51.440 --> 00:08:12.620



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Diane Imrie: all of their you know, that really helped the business, and then they paid us back in the fall. Actually, after they sold their turkeys, they were more flush with cash after Thanksgiving, and so that's the arrangement that works with them. I think we got a 4% discount on the purchase which made the price acceptable for us.

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00:08:13.410 --> 00:08:38.589

Diane Imrie: So one more product story I'll share, which is Miller milk dairy. It's Vermont. We really wanted organic milk for our patients, but could not find a size that was appropriate. So we wanted an 8 ounce milk. We were selling a delicious, fabulous, healthy product in retail. But it was in a 16 ounce container, so we reached out to Peter Miller from Miller, Milk.

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00:08:38.640 --> 00:09:00.219

Diane Imrie: our farmer, and started the conversation of whether or not we could help him develop a product. And so, after many, many conversations and months of conversation, he was able to bring an 8 ounce milk product to market. We had supplied him with our volume, ready with a handshake commitment that we would buy if he was able.

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00:09:00.220 --> 00:09:09.869

Diane Imrie: and we started buying that product. So the side consequence was that he was then able to market that product to other healthcare institutions

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00:09:09.870 --> 00:09:14.890

Diane Imrie: and some smaller schools in his local community, which he was thrilled about.

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00:09:15.520 --> 00:09:34.570

Diane Imrie: And then, lastly, let's talk a little bit about. You can't talk about farming without soil, and so we really do have a commitment to human health, the health of our watersheds, the health of our pollinators, not only in our community, but nationally, of course, and so we have for

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00:09:34.600 --> 00:09:56.810

Diane Imrie: 5 year, I think 5 years invested in a grazer led cooperative. It's a farmer cooperative. 12 farms across our State, and they are healing land. Really, by growing topsoil. They're literally growing growing organic matter and increasing. They use a certain seed. Mix. It's very deep



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00:09:56.810 --> 00:10:07.240

Diane Imrie: rooted seed. Mix with lots of diversity. And so they're actually improving the pollinator habitat. And the side consequence of that is.

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00:10:07.240 --> 00:10:37.169

Diane Imrie: they also help mitigate flooding. And so, if you are, if you remember the last 2 summers in Vermont, we had significant flooding. It impacted our not only our farmers, really it was devastating for many of our farmers, but also our economy and the health of Vermonters. And so this investment and we do see it as an investment, not a donation. This investment really does allow us to get out into our community on the topic of climate change.

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00:10:37.330 --> 00:10:47.080

Diane Imrie: So those are a few of our stories. I wish I had more time for some others, but I think at this point we will next hear from Reshma. Thank you.

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00:10:52.540 --> 00:11:22.250

Reshma Gupta: Great. Thank you so much. I'm very excited to be here. So I'm coming from Uc. Davis health and in a role as our chief of population, health, and accountable care, but really work in a partnership, and I think we'll be talking about this as we get to discussion as well around partnering with our chef here at Uc. Davis, health and food and nutrition services, as well as our Associate Vice Chancellor for Health Equity developed this program. So when I want to acknowledge them. But also

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00:11:22.250 --> 00:11:32.710

Reshma Gupta: a partnership has been key to the success of this program, and I just don't think we would be where we are without that partnership. There we'll jump ahead to the next slide. So just as a quick background.

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00:11:32.740 --> 00:11:57.659

Reshma Gupta: so University of California health is 6 large academic centers. If you see on the right. These are kind of the patient catchment areas across the State of California. So conglomerated together, we're one of the largest health systems, nationally and essentially, it's over 600,000 meals a day that gets served across our medical centers. So Uc. Davis, health is that dark blue, maybe blue circle that in

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00:11:57.660 --> 00:12:22.580



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Reshma Gupta: Northern California. And so it's 2 hospitals, 12 clinics serving 33 counties and a large catchment area of about 1.6 million. It's very diverse. We cover an area that goes all the way from the border of Oregon into Nevada down to Central California, and then over to the Bay Area quite diverse in terms of ethnicity, language, socioeconomic status. But also we're a blue part of the State. So a lot of

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00:12:22.580 --> 00:12:44.879

Reshma Gupta: political diversity as well. We are in a state that does have the 1115 medicaid waiver, so that includes medically tailored meals which will cover meals up to 12 weeks, 2 meals a day. And so that context is really important to how we get buy-in and kind of developed our program system wide.

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Reshma Gupta: Another key background for Uc. Davis. Health is. We have very strong roots in community health. We're a land Grant institution. And so there's been a long history around commitment to our local communities, farmers, ranchers.

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Reshma Gupta: and our kitchen itself serves over 6,000 meals a day, and our chef Santana executive chef is almost a local celebrity here a bit, as he was a chef for the Golden State warriors team back in the day, but is really focused on jumping into healthcare to make medical cuisine tasty for patients and employees as well as families. Next.

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00:13:23.480 --> 00:13:48.170

Reshma Gupta: so a little bit more background. Our program is called Food Waste to health with a real focus in our goal around increasing access to healthy foods, fresh produce and medically tailored meals. But with a focus on all of this, on using climate, friendly practices. And so there's a large emphasis because of that background I provided in integrating the community. And so this involves the meals that we provide through the local sourcing.

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00:13:48.250 --> 00:14:13.210

Reshma Gupta: being able to be using culturally humble practices. And what we often will say is culturally palatable. And so the buy-in for our communities to actually eat these meals, so that an Asian meal does not mean one thing, and it has the diversity of the communities that we're in are included as well as food literacy, and so, including cooking, recipes, trainings, cooking classes, things of that sort.

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00:14:13.210 --> 00:14:20.250

Reshma Gupta: so that healthy eating practices sustain beyond sourcing, and the food being provided in itself next slide.

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Reshma Gupta: So just as some background, these are the 5 key pillars that really support our program. And so I was really excited, Diane, as you were presenting. Because I think there's some common findings here between our institutions, but one of them very much being environmentally sound food sourcing. So really, looking at 250 miles as well, that the majority of our food is actually sourced through local ranchers, pastures, farmers, fisheries.

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00:14:47.700 --> 00:14:51.580

Reshma Gupta: and or within the the state of California borders.

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00:14:51.690 --> 00:15:15.449

Reshma Gupta: The second is around prioritizing partnerships with local businesses. We are an anchor institution, which means that we have a commitment to the community, both in terms of hiring practices, sourcing, and other things of that sort. And so our commitment to food sourcing locally really ties to that. The 3rd is really working in fellowship with our communities. So understanding

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00:15:15.450 --> 00:15:28.540

Reshma Gupta: what are the capacity needs that they have. And we're talking about businesses, restaurants, community-based organizations. And then ranchers and farmers to really think of creating a food system across all of these in our regional area.

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00:15:28.540 --> 00:15:35.000

Reshma Gupta: and that includes training sometimes on these new policies and regulations that might reimburse for some of these programs.

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Reshma Gupta: And then from a implementation perspective care navigation. So actually having some personnel for patients in a targeted way to reach out to them about obtaining healthy foods and the benefits they might be able to access. And then climate, friendly food, waste practices, so diverting food waste from landfills through donation and upcycling on the non-edible compost.

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Reshma Gupta: So if we hit next, I'll tell you a little bit about you know who are the the populations of patients that are mainly affected by this. So from a lot of the food sourcing based work, anyone eating right? Anyone receiving food if it's employees, trainees, medical students, pharmacy, students or community and families

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00:16:14.330 --> 00:16:39.309

Reshma Gupta: are accessing this this food. And it's mainly plant-based food as well. And then for the medically tailored meal component of the program where we're providing food out into the community for the extended period of time. It is focused a bit on where the reimbursements happen in Medicaid patients across 5 main chronic conditions. And it's system wide. So it's Ed inpatient, outpatient specialty care.

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00:16:39.310 --> 00:16:42.870

Reshma Gupta: It's been our key focus next slide.

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Reshma Gupta: So I just want to focus a bit on one specific part which is around the transparent sourcing and the

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Reshma Gupta: So we similar to today, and have also really invested in creating these relationships and partners with farmers and ranchers for transparency. And it's transparency in 2 ways. It's transparency to patients. So every patient who gets a meal, or every employee who gets a meal kind of recognized that's coming out of our kitchens

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00:17:12.220 --> 00:17:35.579

Reshma Gupta: actually gets a card that describes where the food is coming from, and the knowledge that a certain percentage is coming from farmers, ranchers, pastures that use regenerative farming or that use healthy environmental soil practices. We also provide transparency in terms of the businesses that we are aligning with. So that's again, farmers, ranchers, pastures, or fisheries.

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00:17:35.580 --> 00:17:49.099

Reshma Gupta: And so I often share this covid pandemic story, so we all know that during the shutdown of Covid our supply chains, especially around food, were highly affected, and almost all medical centers, right or throughout the country were significantly impacted by this.

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00:17:49.190 --> 00:18:17.009



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Reshma Gupta: Our Medical Center had a 300% increase in sourcing. And part of it was through this transparency and that partnership and relationship with those ranchers and farmers to say, we know that once the shutdown had ended and we were reopening up, that we're going to have a full medical center, and so we created contracts with them to ensure that business through the year, and while they were losing business from other medical centers, there was a common source for us. And so there's an ability to be this transparency that's

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00:18:17.010 --> 00:18:28.429

Reshma Gupta: provided in these relationships with farmers or ranchers really go both ways to kind of be able to share this with the community and patients of what they're eating as well as with those relationships with our farmers and ranchers.

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00:18:28.460 --> 00:18:52.799

Reshma Gupta: So if we click forward one more, I want to share one specific example. So this is a dish that comes out of our Medical center picadillo. That's basically kind of a hash that includes beef and tomatoes, asparagus, other things. And I wanted to share a little bit about how we integrate this in terms of environmentally sound sourcing as well as culturally appropriate foods.

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00:18:52.800 --> 00:19:17.719

Reshma Gupta: So if you move forward, this is an actual example of a card that someone gets on the right side of the slide. So these are the ingredients of this specific dish. And this is Uc. Davis health. And you can see our sour cream comes from Petaluma. We have tortilla chips coming from Elk Grove. We have asparagus coming from Espardo, California. This is the picture directly from their farm, and our beef is coming from Richard's farm that uses regenerative

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00:19:17.720 --> 00:19:24.440

Reshma Gupta: practices. So this is a way to really make sure that that transparencies holds consistent every time next slide.

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00:19:26.510 --> 00:19:32.740

Reshma Gupta: So what came from this work? Here's some some of the pictures from the meals provided in our Medical Center

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Reshma Gupta: is that our climate friendly practices with kind of farm to fork kind of branding on it is really focused on clean and source transparent options, as we mentioned.



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Reshma Gupta: and that movement towards plant-based options, as well as increased about 300% since 2017. When this really started, as well as our promotion of these programs in terms of sustainable foods. So from this work. If you click next, there's been our Medical Center has been recognized by a few groups, including good foods, 100 lists. The practice, green health as well as the

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00:20:10.210 --> 00:20:12.810

Reshma Gupta: spirit foundation specifically around our seafood

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00:20:12.810 --> 00:20:38.440

Reshma Gupta: next slide. So some quick results on this, we actually do participate in cool food. So it's a transparent reporting program where we really report on our food purchases. We've been doing this every year since 2017, just to Orient you on the left side of these great circle diagrams is the food purchases, and on the top it is from 2017, and going down, it's 2023, and you can see

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00:20:38.440 --> 00:20:57.049

Reshma Gupta: that the red, which is the beef and lamb, move from 6% down to 2%, and then the huge expansion in the blue and the green, which are plant-based foods, and on the right side, from 2017 on the top, right, going down to the bottom right? You'll see the changes in carbon costs.

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00:20:57.050 --> 00:21:23.020

Reshma Gupta: And so, the main difference being there's a significant decrease, especially around the beef based foods that we have. So if you go to the next slide. It shows a little bit of how Uc. Davis compares relative to other institutions that are a part of the Cool Foods reporting program, and there's some Northern American diet targets as well as 2023 targets for the cool foods program to reduce by 25%.

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00:21:23.080 --> 00:21:46.930

Reshma Gupta: And so on the Y-axis, you'll see its total food related, carbon costs adjusted for 1,000 kilocalories. So the blue line here is really what the other cool foods participating health systems are moving towards. And Uc. Davis is the red line. And so over this period of time, from 2017 to 2023, we had a 31% food related reduction

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Reshma Gupta: next slide.



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Reshma Gupta: So, as I mentioned before, I don't think that we would be able to create such a broad food system approach without having bridging silos. So not only in the community with our ranchers and farmers, but also internally in our organization, to bring the knowledge and the relationships that exist within our health, equity, leadership, Dr. Henry Ton, as well as the culinary and farming

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00:22:15.410 --> 00:22:29.599

Reshma Gupta: kind of sectors and relationships that we have through our food and nutrition services, and then with myself in terms of implementation and coordinating our patients to link workflows to access all of these programs. And so I just want to thank my team here.

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00:22:30.250 --> 00:22:35.079

Reshma Gupta: but I will go ahead and pass the next section over to Anne.

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00:22:36.230 --> 00:23:03.610

Anne Utech: Hey, everyone, thank you for having me. I'm Ann, unique from the Veterans Health Administration, and I'll just quickly introduce myself and our audience who we serve and then quickly get put it back over to John for our panel discussion. Really appreciate the topics and questions that you all in the audience here today submitted ahead of time. So I want to make sure we get to those.

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00:23:03.620 --> 00:23:28.480

Anne Utech: So I'm Ann Yunik from Veterans Health Administration. We serve an audience of hospitalized veterans in our 172 Va. Medical centers across the country and Puerto Rico. We serve about 32 million meals a year, and there's so many things I want to share with you

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00:23:28.480 --> 00:23:45.489

Anne Utech: about success strategies and anything that would be helpful to you all in the audience, despite the size of your operation, or the setup or modeling. I think we've got great things to share from veterans health administration.

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00:23:45.490 --> 00:24:06.110

Anne Utech: So one of the key things to know is that we're serving veterans in the hospital. So we are the trays and the tube feedings and the meals that are going to the dining centers in our Va. Nursing homes,



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our domicillaries or rehabilitation spinal cord units where we're serving veterans who are admitted

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00:24:06.230 --> 00:24:31.149

Anne Utech: and under our medical care. Then some real keys to our success that, I think are applicable to anyone joining us today on this call are field-based input and leadership. I'm actually just an office of 2 in the National Office. It's just myself and a deputy, so I hope that's also inspiring

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00:24:31.150 --> 00:24:56.089

Anne Utech: to any of you who might be short staffed or small staff I've actually been for several years was an office of one until my deputy joined a few years ago. But we do everything that we do in our food operations and clinical nutrition through field-based leadership. So we go to the front line dietitians.

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00:24:56.090 --> 00:25:04.680

Anne Utech: the Va chefs, the Va. Cooks, the Va frontline food operations and clinical staff

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00:25:04.680 --> 00:25:23.360

Anne Utech: to identify and create the tools and initiatives that are important to veterans who they see and interact with every day to best support their health, and then in the national level, I assist in coordinating identifying trends

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00:25:23.360 --> 00:25:38.060

Anne Utech: definitely efficiencies of scale and harnessing our purchasing power. For example, standardizing what we can to make the system very efficient and easy to use for our Va. Hospitals.

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00:25:38.120 --> 00:26:03.069

Anne Utech: So I'm going to quickly turn it over to John. But I wanted to give a personal intro as well to myself that I'm an Iowa farm girl grew up in Iowa. We have a century farm in our family that's still active today with 28 headed cattle that I know each one individually, and grow corn and soybeans on a rotating basis. So agriculture

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Anne Utech: and food has always been very close to me personally growing up. And I'm just honored to have been able to continue this systems thinking into the Veterans health administration. So, John, I know we're



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short for time, so I'm going to pass it over to you, and I can't wait to tell the audience more as we get into our questions.

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00:26:21.390 --> 00:26:23.760

John Stoddard: Thank you, Ann, and thank you to

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00:26:24.090 --> 00:26:30.320

John Stoddard: Reshma and Diane as well. Really great to hear about your thoughtful and impactful work.

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00:26:31.107 --> 00:26:37.562

John Stoddard: So we're gonna move into the panel discussion portion of this webinar.

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00:26:38.350 --> 00:26:45.017

John Stoddard: and we have some questions. So I'm going to start with a question for the group.

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John Stoddard: maybe I'll sort of ping Rushma 1st on this, and if anyone, either Diane or Ann wants to chime in, please do so. 1st question is for many hospitals. Budget is an issue when buying food according to your values, such as locally produced food or pastured meat. So what advice might you give folks that are facing sort of budget challenges around in doing that.

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00:27:12.260 --> 00:27:24.896

Reshma Gupta: Yeah. And I would say that that's all of us, especially post pandemic. Right? So I definitely have a lot of thoughts there. You know, when we've gone into kind of the analysis around our food budget?

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00:27:25.460 --> 00:27:52.620

Reshma Gupta: there, there are opportunities that exist when you create those relationships and partnerships that Diane mentioned as well, where sometimes with those relationships over time and with that agreement of understanding their needs, and honestly, the story I shared about during that pandemic of being able to say that we're gonna commit to contracts over X period of time provides a kind of a reassurance from a business perspective, to be able to negotiate down in terms of volume right? And so that has actually helped quite a bit

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00:27:52.620 --> 00:27:58.510



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Reshma Gupta: in terms of bringing costs down. The reality is, though, is that there's still going to be certain types of food

99

00:27:58.610 --> 00:28:23.500

Reshma Gupta: and produce that are more expensive, or that regionally in our areas. You know, I'm in a Mediterranean climate, and so it's a little bit easier. But when we talk to folks that are in the northeast, in the Midwest, where you know it snows, and that everything grows year round, the ability to be able to bring in food that's from elsewhere. There's pros and cons to the cost of things. And what we'll say is that over everything there are certain items that are going to be a little bit more expensive if we're

100

00:28:23.500 --> 00:28:39.839

Reshma Gupta: really focus focusing on trying to get 100% regionally sourced. Or you know those kinds of things. And so what we've done is we set our goals to adjust for that. And so that means that we're not expecting a hundred percent to be regionally sourced and 100 to have to be kind of

101

00:28:40.020 --> 00:29:03.970

Reshma Gupta: pure, you know, sustainable farm practices. But we want to set a goal as a percentage and then move that percentage over time, up and up. And so maybe it started at 20%. Then it's 25%. Then it's 30%. And it keeps going. And that's a way, I think that for us as we're budgeting that we can both create the partnerships over time, but also set realistic goals to make it feasible. That has, you know, an increased impact on climate.

102

00:29:05.320 --> 00:29:11.110

John Stoddard: Smart either Diane or Ann wanna comment on that question.

103

00:29:12.550 --> 00:29:24.650

Anne Utech: I think that definitely agree with Reshma on the purchasing power. So just regardless of your size, of your operation, or your setting, whatever you can do to

104

00:29:24.650 --> 00:29:48.609

Anne Utech: to standardize on products that are within your building, your service, or maybe neighboring entities, that you could harness a larger commitment in purchasing to drive down the prices definitely echo Reshma's comments about that. Another thing that's been effective with

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00:29:48.610 --> 00:30:04.369

Anne Utech: us is the voice of the customer is collecting data on customer satisfaction the changes that we see in customer satisfaction when we go from one type of food service which might be cook, chill, or bulk

106

00:30:04.370 --> 00:30:19.229

Anne Utech: food, prep to cook, serve, or room service, and then also health outcomes like length of stay, those kind of things, customer satisfaction and length of stay really speak to a healthcare executives

107

00:30:23.570 --> 00:30:46.480

Diane Imrie: I can add, John, just briefly, that I think it's important, as you take this journey, to really be clear about your own priorities for your organization. So for us it was meat raised without antibiotics, local dairy moving to, you know, transitioning to organic as we could. But some of the products just are not that important to us, like we're

108

00:30:47.180 --> 00:31:09.530

Diane Imrie: sugar packets. As an example, if you're using those, get the, get the cheapest deal you can, and so try and find the savings in the less important areas to be able to move your food to your priority areas. And then I'll just share that it really can be done. So prior to the pandemic, our food budget was increasing at less than inflation.

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00:31:09.570 --> 00:31:17.840

Diane Imrie: even though we have these priorities. So just if you're if you're wondering if it can really be done, you know it can. So just a word of encouragement.

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00:31:19.780 --> 00:31:22.079

John Stoddard: Thanks, Dan, we all need that.

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00:31:24.780 --> 00:31:39.799

John Stoddard: This. This is a question I see often in in my role. And then we've gotten to. It's a little. It's not really about food. But it's about plastics using plastics. So

112

00:31:39.820 --> 00:31:57.370

John Stoddard: 2 different questions, basically asking how to reduce or eliminate single use plastics. And if you've been able to do that in your organization, so kind of for the group, and if anyone, either person, any person wants to chime in.





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113

00:32:02.450 --> 00:32:03.914

John Stoddard: Haven't done it yet.

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00:32:04.280 --> 00:32:07.100

Diane Imrie: I think that speaks to her how hard it is right.

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00:32:07.100 --> 00:32:07.460

John Stoddard: Yeah.

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00:32:07.460 --> 00:32:17.499

Diane Imrie: None of us have like something we want to shout from the rooftop. It's difficult. It's very, very difficult in especially in retail areas.

117

00:32:18.140 --> 00:32:25.681

John Stoddard: Yeah, I am familiar with some solutions. So if anyone wants to contact me, offline happy to share

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00:32:26.270 --> 00:32:35.746

John Stoddard: some that I know so let's move to a question for Diane.

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00:32:37.160 --> 00:32:40.690

John Stoddard: what caused the shift from buyer to partner?

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00:32:41.530 --> 00:32:44.929

John Stoddard: And what benefit has it provided to your organization?

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00:32:46.280 --> 00:33:00.810

Diane Imrie: So I think I was. You know it's really a personal reason. I was feeling a real power imbalance in our meetings with our farmers, and and not feeling really like an anchor institution, because

122

00:33:01.030 --> 00:33:30.049

Diane Imrie: we're, you know, could be the largest buyer for most of our farms. And so, just to talk about price seemed imbalanced to me. And so, really thinking about our place as an anchor institution, how could we help benefit the community? So a good example, is that the greenhouse that went up we not only have secured the food supply for us during things like a pandemic like Reshma had mentioned, or



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123

00:33:30.050 --> 00:33:37.850

Diane Imrie: national shortage of spinach as an example. So we've secured our own future. But then, also that farm

124

00:33:37.950 --> 00:34:05.289

Diane Imrie: I didn't know at the time, but the year that we made. That greenhouse deal was the year after Irene hit, and that farm was seriously considering going out of business, and I only found this out a couple of years ago, and somehow this, this one thing was able to just push them far enough so that they were profitable that year. And so that farm is still in that community. And that's a really important role that we can play.

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00:34:10.270 --> 00:34:20.749

John Stoddard: Sorry I muted myself there. Okay, Ann. Good question. What are the essential ingredients to Va's recipe in your model?

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00:34:20.750 --> 00:34:45.119

Anne Utech: Great. Yes, I think there are some ingredients that are essential and have a proven track record in the Va. And that are also hopefully grab and go for the members of the audience today, scalable to whatever level you are, because that's another message. I think I hear when we

127

00:34:45.120 --> 00:34:56.340

Anne Utech: travel about to different groups, and speaking is, start where you are, because, as Diane said, it is possible, and you just need to start where you are.

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00:34:56.797 --> 00:35:07.769

Anne Utech: So the 1st ingredient is that governance of the field-based leadership. I try to stay out of people's way and standardize and consolidate and

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00:35:07.770 --> 00:35:37.129

Anne Utech: identify efficiencies at a national level. But really that field-based leadership, whether that looks like a field advisory board or a hospital or university committee. But have your leaders making these decisions and identifying the solutions at the level closest to your customer, if not also involving representative customers in that decision-making process.



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00:35:37.200 --> 00:36:05.430

Anne Utech: Another key ingredient is policy. So we do have a Va healthy diet policy. We have 2 directives, because what I think is a key to our success is that we are dietitian, led under, or in combining clinical nutrition services. So the dietitian visits and the classes, and the inpatient visits, and all the clinical care is

131

00:36:05.430 --> 00:36:09.799

Anne Utech: reporting to the same dietitian supervisor. As our food operations.

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00:36:09.800 --> 00:36:30.579

Anne Utech: so clinical dietitians and food service workers and cooks and chefs are like this in one service, and that is very seamless and incredibly strong when you can combine the areas of if it's clinical for you, or if it's educators for you, or if it's the

133

00:36:30.650 --> 00:36:40.909

Anne Utech: the other half of your service if you will, with the people who are making the food and providing your food operations. I think that is really key.

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00:36:41.613 --> 00:36:45.766

Anne Utech: And finally, I'd say, a big

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00:36:47.100 --> 00:36:58.499

Anne Utech: win for us, and a key ingredient is that purchasing power of our subsistence prime vendor contract. It's a large food

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00:36:58.760 --> 00:37:05.660

Anne Utech: contract. It's not food service contract with the operations and the people, but it's the subsistence purchases.

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00:37:05.660 --> 00:37:29.160

Anne Utech: But the Va. Executes that contract, but we share it with 134 other government agencies. So that's an incredible savings cost avoidance and efficiency for the taxpayer who is funding this as well as for the customers to standardize on the healthiest, best.

138

00:37:29.160 --> 00:37:52.140



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Anne Utech: and most desirable chicken, breast, or plant-based protein. Patty, we can take the harnessing power of all of us together, taste test and standardize and agree on certain choices in large volume or cost categories to get the best price, but also the highest quality. Health focused products.

139

00:37:59.120 --> 00:38:10.159

John Stoddard: So here's a question for everyone. I'll direct it to Reshma first. What have been the largest barriers to success in the implementation of your of your programs.

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00:38:10.970 --> 00:38:15.119

Reshma Gupta: Yeah, I think kind of 2 answers for this one is that

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00:38:15.130 --> 00:38:31.990

Reshma Gupta: I think when we're scoping, what is the program we're trying to build. It's important to think of where we are as an institution in that journey. So we're now coming in at 7, 8 years into kind of a very focused journey around this. But what our goals were, and what those barriers were right in the 1st couple years are very different than now.

142

00:38:32.244 --> 00:38:45.479

Reshma Gupta: And I think a lot of the barriers early on were about the relationship building a lot of what Diane had mentioned, because the ability to make sure you're meeting the needs of the patients and the community and the farmers, the ranchers, and the sourcing. So much of that is knowing.

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00:38:45.480 --> 00:39:10.460

Reshma Gupta: creating that map to understand? Where? Where are those partners? And then those relationships and building that into the business model? Right? The negotiations right now, I think. At this point. And we're 7, 8 years in. I feel like it's a little bit different where we've been focused a lot on our medical center. And I think a lot of the conversation today is often been talked about. You know the the food that we deliver in our cafes and our restaurants, and then on in the bedside right in the inpatient.

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00:39:10.460 --> 00:39:24.969

Reshma Gupta: But we're transitioning to start thinking about, how are we preventing readmissions? How are we preventing hospitalizations for food related medical conditions like heart failure, diabetes, hypertension. And in that way how can we be more upstream?



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00:39:24.970 --> 00:39:47.250

Reshma Gupta: How can we think about delivery food and access to food that is healthy, but that that healthy food we're delivering has the same ethos around climate, friendly practices, and sourcing in a similar way. And that's a whole nother barrier whole nother level of thinking of what those partnerships look like? What are those vendors that are providing the food that the patients receive in their homes? For, like for us, for medically tailored meals.

146

00:39:47.350 --> 00:40:10.160

Reshma Gupta: And one of the things that we have now are just kind of around the corner is, how do we do this. That's not grant based, that's financially stable. And so we've been really thinking of. And this is kind of our new cutting thing. But working with local restaurants and businesses, to create a joint collaborative with our State government, with payers, with us, and local restaurants. To do this without grants to make it sustainable.

147

00:40:10.160 --> 00:40:34.950

Reshma Gupta: where the food that they are providing is culturally more appropriate in their local regions to be able to really get El Salvadorian food or Japanese food or Indian food in a way that is sourcing with a similar goal of 20, you know, up to 25 to 50% from, you know, farmers and sourcing settings that use climate, friendly practices, but in addition, have some of these other bells and whistles that make the buy into the community

148

00:40:34.950 --> 00:40:44.390

Reshma Gupta: community stronger. So I think I think it's a. The barrier is just kind of a journey for us, and that's kind of our biggest one right now. Sustainability and a financial sense.

149

00:40:45.270 --> 00:40:53.880

John Stoddard: Interesting anyone else want to chime in there barriers how they've addressed them, Diane.

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00:40:53.880 --> 00:41:13.830

Diane Imrie: I agree with Reshma, and that they've changed over the years. And Whoa, I just have to take a minute and say, Reshma, you go, because your program is amazing. And where the concept of restaurants is an amazing concept. I would say, time, you know, there's so you're operating so many.



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00:41:14.750 --> 00:41:35.953

Diane Imrie: there's so many challenges in operations. And so just to be able to carve out the time to meet these commitments. Is difficult, and the partnerships. Take a long time. You have to be patient. If you're pulling a new product to market, you really have to be patient and work at the pace of your partner instead of the pace that you expect.

152

00:41:36.540 --> 00:41:39.429

Diane Imrie: So just patience is really key.

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00:41:46.820 --> 00:41:49.860

John Stoddard: Alright, I'll I have another question

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00:41:50.560 --> 00:42:00.099

John Stoddard: last couple minutes here. So this is for Ann, or, more broadly, how do you manage your environmental sustainability data

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00:42:00.490 --> 00:42:12.230

John Stoddard: across different partners and suppliers. So that data is consistent. And how does the panel select a manageable number of sustainability metrics to track when there are so many possibilities.

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00:42:13.630 --> 00:42:14.249

Anne Utech: That was fun.

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00:42:14.250 --> 00:42:19.850

Anne Utech: I will pass that quickly to another panel member, because mine will take more than 2 min.

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00:42:19.850 --> 00:42:20.280

John Stoddard: Okay.

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00:42:20.280 --> 00:42:22.469

Anne Utech: So I will pass.

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00:42:25.980 --> 00:42:26.490

Reshma Gupta: I can

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00:42:26.490 --> 00:42:36.450



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Reshma Gupta: jump in just briefly. We're not as we're. We're more regional than kind of national scales, a little bit more focused. But so we've really looked at

162

00:42:36.650 --> 00:43:01.420

Reshma Gupta: how best we can measure this. And we definitely, you know, being University of California, Davis have a connection with agriculture, school and environmental health. So there's some helpful that we have in thinking about this. So one is, where are those main points in our like math equation to ultimately get to looking at carbon emissions. So one is sourcing. And this has to do with the transparency. So there's a component of the percent of you know, food that we're getting from more regional source food.

163

00:43:01.420 --> 00:43:25.669

Reshma Gupta: And then specifically, those that are coming that are more plant based. So we can measure that. And that's kind of what some of the data was that I showed. The other piece of it is the equation around. How much food are we, you know donating and kind of some of these other processes that we have that are not even just part of the preventative part for climate change. But it's also kind of that food waste. And there's ability to calculate that right in terms of savings for carbon emissions.

164

00:43:25.670 --> 00:43:50.469

Reshma Gupta: And so we have 2 or 3 of these main areas that we're we're really measuring those key processes for, and then can calculate that. Then down into carbon emissions. So it ultimately is carbon emissions that we're going to hold ourselves to to the reduction and saying the Cool foods program is a way to keep us accountable, and we've been trying to spread that across the other Ucs and get the other the entire Uc system to kind of follow that under the leadership of our chef Santana.

165

00:43:51.240 --> 00:43:51.960

John Stoddard: Excellent.

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00:43:52.400 --> 00:44:11.500

John Stoddard: Well, I wanna oh, we're right at the top of the hour. So I want to thank our panelists so much for sharing your work, and I want to encourage folks in the audience. There are. This is just one of of several webinars. Being put on, so please

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00:44:11.690 --> 00:44:21.690



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John Stoddard: go to the website and and make note of of the next webinar that's coming up and join us for that as well. Thanks. Everybody. Have a great have a great day.

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00:44:22.740 --> 00:44:23.700

Diane Imrie: Thank you.